

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

County of Cuyahoga v. Purdue  
Pharma L.P., et al.

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al.

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.

Case No. 1:18-OP-45132

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Deposition of
SCOTT MORAN

December 20, 2018

9:00 a.m.

Taken at:

Zashin & Rich
950 Main Avenue, Fourth Floor
Cleveland, Ohio

Renee L. Pellegrino, RPR, CLR
THE FOLLOWING PAGES WERE DEEMED
HIGHLY CONFIDENTIAL: 128-170

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<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, CONT'D:</p> <p>2 On behalf of Endo Pharmaceuticals, Inc., Endo</p> <p>3 Health Solutions, Inc., Par Pharmaceuticals,</p> <p>4 Inc. and Par Pharmaceutical Companies, Inc.:</p> <p>5 Baker & Hostetler</p> <p>6 TERA COLEMAN, ESQ.</p> <p>7 Key Tower, 127 Public Square</p> <p>8 Cleveland, Ohio 44114-1214</p> <p>9 (216) 621-0200</p> <p>10 tcoleman@bakerlaw.com</p> <p>11 On behalf of McKesson Corporation:</p> <p>12 Covington & Burling LLP</p> <p>13 NEIL K. ROMAN, ESQ.</p> <p>14 The New York Times Building</p> <p>15 620 Eighth Avenue</p> <p>16 New York, New York 10018-1405</p> <p>17 (212) 841-1405</p> <p>18 nroman@cov.com</p> <p>19 - and -</p> <p>20 Covington & Burling LLP</p> <p>21 JOHN ZIPP, ESQ.</p> <p>22 One CityCenter</p> <p>23 850 Tenth Street, NW</p> <p>24 Washington, D.C. 20001-4956</p> <p>25 (202) 662-6000</p> <p>jzipp@cov.com</p> <p>On behalf of Mallinckrodt, LLC and SpecGx, LLC:</p> <p>Ropes & Gray</p> <p>JOSHUA GOLDSTEIN, ESQ.</p> <p>Prudential Tower</p> <p>800 Boylston Street</p> <p>Boston, Massachusetts 02199-3600</p> <p>(617) 951-7000</p> <p>joshua.goldstein@ropesgray.com</p> <p>- and -</p> <p>Ropes & Gray</p> <p>JESSICA F. SORICELLI, ESQ.</p> <p>1211 Avenue of the Americas</p> <p>New York, New York 10036-8704</p> <p>(212) 596-9000</p> <p>jessica.soricelli@ropesgray.com</p> <p>~ ~ ~ ~</p>	<p style="text-align: right;">Page 5</p> <p>1 TRANSCRIPT INDEX</p> <p>2</p> <p>3 APPEARANCES2</p> <p>4 INDEX OF EXHIBITS6</p> <p>5 INDEX OF OBJECTIONS8</p> <p>6</p> <p>7 EXAMINATION OF SCOTT MORAN:</p> <p>8 BY MR. ROMAN11</p> <p>9 BY MR. BREWER226</p> <p>10 BY MR. GOLDSTEIN245</p> <p>11</p> <p>12 AFTERNOON SESSION144</p> <p>13</p> <p>14 REPORTER'S CERTIFICATE280</p> <p>15</p> <p>16 EXHIBIT CUSTODY - RETAINED BY COURT REPORTER</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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<p style="text-align: right;">Page 11</p> <p>1 SCOTT MORAN, of lawful age, called for</p> <p>2 examination, as provided by the Federal Rules of</p> <p>3 Civil Procedure, being by me first duly sworn,</p> <p>4 as hereinafter certified, deposed and said as</p> <p>5 follows:</p> <p>6 EXAMINATION OF SCOTT MORAN</p> <p>7 BY MR. ROMAN:</p> <p>8 Q. Good morning, Mr. Moran. How are</p> <p>9 you?</p> <p>10 A. Good morning. I am well.</p> <p>11 Q. Good.</p> <p>12 Can you please state your name for</p> <p>13 the record?</p> <p>14 A. Scott Moran, M-o-r-a-n.</p> <p>15 Q. And your work address, please?</p> <p>16 A. 2001 Payne Avenue, Cleveland, Ohio.</p> <p>17 Q. And is there an office associated</p> <p>18 with that address?</p> <p>19 A. Narcotics unit. We're in a</p> <p>20 transitional stage in offices.</p> <p>21 Q. That's the narcotics unit of the</p> <p>22 Cleveland Police Department?</p> <p>23 A. Yes, sir. Fourth floor of 2001</p> <p>24 Payne.</p> <p>25 Q. And do you live in Cleveland?</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. Were you the only defendant?</p> <p>2 A. No.</p> <p>3 Q. Was the police department a</p> <p>4 defendant?</p> <p>5 A. I believe so.</p> <p>6 Q. How was that case resolved?</p> <p>7 A. Trial.</p> <p>8 Q. What happened after trial?</p> <p>9 A. We were found not guilty -- or</p> <p>10 cleared of any allegation.</p> <p>11 Q. And tell me about the case in which</p> <p>12 you were a plaintiff, please.</p> <p>13 A. I was injured at work by -- I got</p> <p>14 rear-ended on the highway and brought a personal</p> <p>15 injury lawsuit against the driver of the</p> <p>16 vehicle.</p> <p>17 Q. How was that case resolved?</p> <p>18 A. I was awarded a settlement.</p> <p>19 Q. Has your counsel explained to you</p> <p>20 today how depositions work?</p> <p>21 A. They have.</p> <p>22 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>23 form.</p> <p>24 Go ahead.</p> <p>25 Q. And you have a general familiarity</p>

<p style="text-align: right;">Page 14</p> <p>1 with how they work?</p> <p>2 A. I hope so.</p> <p>3 MS. DEBROSSE ZIMMERMAN: Counsel,</p> <p>4 let's just slow down because we're talking about</p> <p>5 what he communicated with counsel.</p> <p>6 So to the extent that he asks</p> <p>7 questions that would make you answer about any</p> <p>8 communications you've had with your counsel,</p> <p>9 you're not to answer those questions, but you</p> <p>10 can answer otherwise.</p> <p>11 Q. I'm just going to be very quick with</p> <p>12 my instructions.</p> <p>13 If you have any questions about my</p> <p>14 questions, you don't hear me, you don't</p> <p>15 understand me, please ask me to repeat or</p> <p>16 restate. If you answer the question, I'm going</p> <p>17 to assume you understand what I was asking.</p> <p>18 Is that acceptable to you?</p> <p>19 A. That's acceptable.</p> <p>20 Q. And then if you would need a break</p> <p>21 for any reason, we'll be happy to take one, just</p> <p>22 not while a question is pending.</p> <p>23 Do you understand that?</p> <p>24 A. I do.</p> <p>25 Q. Have you ever testified before at</p>	<p style="text-align: right;">Page 16</p> <p>1 Q. Why do you say "unfortunately"?</p> <p>2 A. I don't like my identity to be seen</p> <p>3 with what I do for a living. It's dangerous.</p> <p>4 Q. But 30 to 50 times you've been in</p> <p>5 open court identifying yourself as Scott Moran,</p> <p>6 correct?</p> <p>7 A. Correct.</p> <p>8 Q. What did you do to prepare for your</p> <p>9 testimony today?</p> <p>10 A. Met with counsel.</p> <p>11 Q. With which counsel did you meet?</p> <p>12 A. Ami Patel, Fu. Sorry.</p> <p>13 Q. Anyone else?</p> <p>14 A. I believe I met with Sterling once</p> <p>15 or twice.</p> <p>16 Q. Sterling. Who is Sterling?</p> <p>17 A. I can't recall his last name.</p> <p>18 Another attorney in the case.</p> <p>19 Q. Anyone else?</p> <p>20 A. In the initial beginnings, I met</p> <p>21 with someone from our city law department, Elena</p> <p>22 Boop.</p> <p>23 Q. Anyone else?</p> <p>24 A. Not to my recollection.</p> <p>25 Q. In any of these meetings that you</p>
<p style="text-align: right;">Page 15</p> <p>1 trial?</p> <p>2 A. Yes.</p> <p>3 Q. On how many occasions?</p> <p>4 A. You're regarding criminal matters</p> <p>5 obviously?</p> <p>6 Q. Yes.</p> <p>7 A. I have a 22-and-a-half-year career.</p> <p>8 Between 30 and 50 maybe, approximately.</p> <p>9 Q. And of those 30 or 50 times that</p> <p>10 you've testified at trial, have you testified in</p> <p>11 open court?</p> <p>12 A. I have.</p> <p>13 Q. In all of them?</p> <p>14 A. Yes.</p> <p>15 Q. And in all of those cases in which</p> <p>16 you testified in open court, did you use your</p> <p>17 real name?</p> <p>18 A. Yes.</p> <p>19 Q. And did you identify yourself as a</p> <p>20 Cleveland police detective?</p> <p>21 A. I did.</p> <p>22 Q. And did you appear without any mask</p> <p>23 or anything that would disclose -- cloak your</p> <p>24 identity, or your appearance I should say?</p> <p>25 A. Unfortunately, I did, yes.</p>	<p style="text-align: right;">Page 17</p> <p>1 had with any of these counsel, was anyone</p> <p>2 present other than counsel and you?</p> <p>3 A. Yes.</p> <p>4 Q. Who else was present?</p> <p>5 A. Other members of the Cleveland</p> <p>6 Police Department.</p> <p>7 Q. Which other members?</p> <p>8 A. On one occasion I believe it was</p> <p>9 Detective Patena.</p> <p>10 Q. Shelley Patena?</p> <p>11 A. Yes, sir.</p> <p>12 Q. Anyone else?</p> <p>13 A. And to back up, there was a -- there</p> <p>14 was one meeting where the EMS commissioner was</p> <p>15 here and the chief of police was here, Chief</p> <p>16 Williams.</p> <p>17 Q. Who from EMS was there?</p> <p>18 A. I can't -- I don't know her name.</p> <p>19 She was EMS commissioner.</p> <p>20 Q. How many total meetings do you think</p> <p>21 you have had with counsel specifically to</p> <p>22 prepare for this deposition?</p> <p>23 A. To my best recollection, four to</p> <p>24 five.</p> <p>25 Q. And what do you think are the total</p>

<p style="text-align: right;">Page 18</p> <p>1 hours you've spent with counsel preparing for 2 this deposition?</p> <p>3 A. Best estimate, maybe 12 hours.</p> <p>4 Q. Have you reviewed any transcripts of 5 any depositions taken in this case?</p> <p>6 A. I've not seen anything from the 7 case.</p> <p>8 Q. Have you talked to anyone whose 9 deposition has been taken in this case?</p> <p>10 A. No.</p> <p>11 Q. Have you reviewed any of the 12 pleadings or papers filed in this case, the 13 complaint, interrogatory responses, anything 14 like that?</p> <p>15 A. I believe the original complaint was 16 supplied. I didn't review the entire complaint.</p> <p>17 Q. When did you review the complaint?</p> <p>18 A. Months ago. It was one of the first 19 meetings I had.</p> <p>20 Q. Did you supply any information in 21 connection with the drafting of the complaint? 22 In other words, did you talk to counsel before 23 the complaint was filed about this case?</p> <p>24 A. No.</p> <p>25 Q. Did you review a draft of the</p>	<p style="text-align: right;">Page 20</p> <p>1 A. One was a PowerPoint that was, my 2 understanding, produced, but I tweak the 3 PowerPoint constantly, so an updated version was 4 produced yesterday. And I believe there was 5 one -- one other PowerPoint or two other 6 PowerPoints that I've -- during my presentations 7 that I've produced.</p> <p>8 Q. Okay. We'll look at those later 9 today.</p> <p>10 Did you review any other documents 11 other than those?</p> <p>12 A. I have not.</p> <p>13 Q. In preparation for your testimony 14 today, have you reviewed any documents that were 15 not produced in the case, anything -- any 16 private notes or anything like that?</p> <p>17 A. I have not.</p> <p>18 Q. Have you conducted any independent 19 research, on the internet or otherwise, in 20 preparation for your testimony today?</p> <p>21 A. No.</p> <p>22 Q. Are you from Cleveland? Were you 23 born in Cleveland?</p> <p>24 A. I was born in Cleveland, yes.</p> <p>25 Q. Were you raised in Cleveland?</p>
<p style="text-align: right;">Page 19</p> <p>1 complaint before it was filed?</p> <p>2 A. No.</p> <p>3 Q. Do you know what interrogatory 4 responses are?</p> <p>5 A. I do not.</p> <p>6 Q. Do you recall reading questions that 7 were posed by the Defendants and answered by -- 8 in writing by the Cleveland Police Department?</p> <p>9 A. Are you referring to -- what are you 10 referring to, the complaints or --</p> <p>11 Q. I was referring to interrogatory 12 responses.</p> <p>13 A. I have not, no.</p> <p>14 Q. Okay. Have you reviewed any 15 documents that were produced in this case?</p> <p>16 A. No.</p> <p>17 Q. I understand that we're going to be 18 receiving from -- during the deposition today a 19 couple additional documents that were not 20 previously produced to us that you disclosed -- 21 or at least were discussed yesterday.</p> <p>22 Do you recall that?</p> <p>23 A. I do.</p> <p>24 Q. Okay. What are those documents; do 25 you recall?</p>	<p style="text-align: right;">Page 21</p> <p>1 A. That's personal, but yes. Part of 2 my life, yes.</p> <p>3 Q. What part of your life have you not 4 lived in Cleveland?</p> <p>5 A. Younger years.</p> <p>6 Q. From age what to what?</p> <p>7 A. 2 to 11 or so, 1 to 11.</p> <p>8 MS. DEBROSSE ZIMMERMAN: Counsel, 9 when you have a break, can we identify all 10 counsel on the record? I don't think we did 11 that.</p> <p>12 MR. ROMAN: We can do that right 13 now.</p> <p>14 MS. DEBROSSE ZIMMERMAN: Okay. 15 Great.</p> <p>16 Diandra DeBrosse Zimmerman, Zarzaur, 17 Mujumdar & Debrosse, for the Plaintiff, the City 18 of Cleveland.</p> <p>19 MR. ROMAN: Neil Roman, Covington & 20 Burling, for McKesson.</p> <p>21 MR. ZIPP: John Zipp, Covington & 22 Burling, for McKesson.</p> <p>23 MR. GOLDSTEIN: Joshua Goldstein, 24 Ropes & Gray, Mallinckrodt, LLC and SpecGx, LLC.</p> <p>25 MS. SORICELLI: Jessica Soricelli</p>

<p style="text-align: right;">Page 22</p> <p>1 with Ropes & Gray for Mallinckrodt, LLC and 2 SpecGx, LLC. 3 MR. BREWER: Matt Brewer from 4 Bartlit Beck for Walgreens. 5 MS. COLEMAN: Tera Coleman, Baker 6 Hostetler, for the Endo Defendants. 7 MS. MORRISON: Kristin Morrison, 8 Jones Day, for Walmart. 9 MS. DEBROSSE ZIMMERMAN: Do we have 10 people on the phone? 11 MR. SCHOCK: Yes. 12 MS. DEBROSSE ZIMMERMAN: We can't 13 hear a word. You got background. 14 MR. SCHOCK: This is Andrew Schock 15 with Jackson Kelly for AmerisourceBergen. 16 MS. DEBROSSE ZIMMERMAN: Anyone 17 else? 18 BY MR. ROMAN: 19 Q. Let's resume. 20 Where did you live from ages 1 to 21 11? 22 A. West Virginia. 23 Q. And the rest of your life you've 24 lived in Cleveland? 25 A. Yes, sir.</p>	<p style="text-align: right;">Page 24</p> <p>1 this period 1991 to 1996? 2 A. No. 3 Q. In connection with your -- well, 4 strike that. 5 At any time have you received any 6 certifications or degrees? 7 A. What do you mean by 8 "certifications"? 9 Q. Have you been certified as a -- I 10 don't know. Well, you were certified as a 11 technician, I gather? 12 A. Yes. Are you referring to the 13 police department or are you referring to -- 14 Q. Now I'm transitioning to the police 15 department, so if you received certain 16 certifications through the police department, 17 that would qualify. 18 A. At one point I was qualified as an 19 expert witness in drug cases. Numerous 20 trainings. They're not really certifications, 21 but they're, you know, different types of 22 trainings I've attended. As far as degrees, 23 that was prior to the police department I had a 24 technician's degree. 25 Q. What types of trainings have you</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Did you go to college? 2 A. No, sir. Trade school. No college. 3 Q. What trade school did you attend? 4 A. I'm trying to think of the name of 5 it. I believe it was Hickok Technical 6 Institute. 7 Q. What were you studying there? 8 A. Computer repair. 9 Q. From when to when was that? 10 A. 1990 to 1991 or something. 11 Q. So that was before you joined the 12 police department? 13 A. Yes. 14 Q. You joined the police department in 15 1996? 16 A. Yes, sir. 17 Q. What did you do between 1991 and 18 1996? 19 A. Worked in a warehouse, and then I 20 worked as a cable service -- cable installer, 21 cable service. 22 Q. What company? 23 A. Originally it was North Coast Cable; 24 then it changed to Cablevision. 25 Q. Did you have any other jobs during</p>	<p style="text-align: right;">Page 25</p> <p>1 received? 2 A. A lot. Basic drug investigations, 3 clandestine meth labs one and two, interview and 4 interrogation, marijuana grows, Mexican drug 5 cartels. Received -- actually, I'm a certified 6 Cleveland Police instructor for drug awareness 7 classes. I'm going back 22 years of different 8 classes and whatnot that I've attended. I can't 9 recall them all. They're in my personnel file, 10 though. 11 Q. Have you received these trainings 12 over the course of your time in the police 13 department? 14 A. Yes, sir. 15 Q. Have you received any specialized 16 training relating to opioids or opioid addiction 17 or abuse? 18 A. I've received specialized training 19 in the collection of evidence for evidence 20 preservation in such cases. 21 Q. Related specifically to opioids or 22 not? 23 A. Related to what we do for DNA 24 collection. As far as specifically to opioids, 25 I've gone to numerous, you know, just drug</p>

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1 classes that cover everything from cocaine to
2 heroin to opioids.

3 Q. Have you received any training that
4 has been specifically and exclusively relating
5 to opioids or opioid abuse or addiction?

6 A. Not a specific class, no.

7 Q. Now, you started as a police officer
8 on August 19th of 1996, correct?

9 A. That was my first day of the police
10 academy, so technically you're not a police
11 officer, you're a recruit, and then once you get
12 out of the police academy, which was December of
13 1996, then you're actually a police officer.

14 Q. And you were originally assigned to
15 the first district?

16 A. Yes, sir.

17 Q. And where is that?

18 A. 3895 West 130th.

19 Q. And what -- what's the area that the
20 first district is responsible for?

21 A. At the time it was -- well, it's
22 still the far west side of Cleveland. The
23 borders have since changed throughout the years.
24 We used to go east to West 65th Street, but
25 they've since changed the borders.

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1 Q. And you were later transferred to
2 the fourth district, correct?

3 A. I volunteered to go to the fourth
4 district.

5 Q. Why did you volunteer to go to the
6 fourth district?

7 A. They needed assistance in helping
8 train, there was new recruits coming out, they
9 were going to be short-staffed, so I volunteered
10 to go see another side of the city.

11 Q. And where is the fourth district?

12 A. That's the southeast portion of the
13 city of Cleveland.

14 Q. I'm sorry. When did you transfer to
15 the fourth district?

16 A. I believe it was somewhere around
17 1999.

18 Q. For how long were you there?

19 A. I was only there approximately a
20 year.

21 Q. Going back to your time as a police
22 officer in the first district, what were your
23 responsibilities?

24 A. I was basic patrol. Our job was to
25 answer radio assignments and then active law

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1 enforcement when we're not answering radio
2 assignments.

3 Q. Did you have a title?

4 A. Police officer.

5 Q. When you transferred to the fourth
6 district, did your responsibilities change?

7 A. I was still a police officer, but I
8 was on a fast response car, which means we only
9 answer to high-priority assignments, robberies,
10 shootings, crimes of violence.

11 Q. And then in 2000 you transferred
12 back to the first district?

13 A. I did.

14 Q. Why did you go back to the first
15 district?

16 A. It was my home. I knew I was going
17 to have opportunities to go to other units in
18 the first district as opposed to, you know, in
19 the fourth district.

20 Q. And were you still a police officer
21 in the first district when you transferred?

22 A. I was.

23 Q. And for how long did you remain just
24 a -- I don't mean just, but a police officer --
25 A. I understand.

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1 Q. -- in the first district?

2 A. I did that for a few months, and
3 then I was eventually transferred to the first
4 district vice unit, where I became a detective.

5 Q. So was this in 2000 or 2001?

6 A. Right around 2000, 2001, somewhere
7 in that ballpark, late 2000, early 2001.

8 Q. And is that where you began an
9 active role in undercover drug operations?

10 A. Originally, yes.

11 Q. And you spent about three years in
12 that unit?

13 A. Well, we had a lot of personnel in
14 that unit, so I was there for approximately nine
15 or ten months. They depleted the unit down to
16 less detectives. I went back to basic patrol,
17 but I was placed on a uniform drug enforcement
18 car.

19 Q. And during these three years in the
20 first district, from, you know, late 2000 until,
21 I assume, around late 2003, somewhere around
22 there --

23 A. Well, I went back to the vice unit
24 in 2002.

25 Q. Okay.

<p style="text-align: right;">Page 30</p> <p>1 A. Late 2002, early 2003.</p> <p>2 Q. So how -- so you come back to the</p> <p>3 first district in late 1999, 2000, somewhere in</p> <p>4 there, then you transfer back to the first</p> <p>5 district, then you're assigned to the vice unit,</p> <p>6 right?</p> <p>7 A. I was originally assigned, went back</p> <p>8 to basic patrol, and then went back to the vice</p> <p>9 unit.</p> <p>10 Q. Okay. When did you stop working for</p> <p>11 the vice unit the second time? What year was</p> <p>12 that?</p> <p>13 A. Well, that's when I was transferred</p> <p>14 to the Cleveland Police narcotics unit. That</p> <p>15 was in December of 2005.</p> <p>16 Q. Okay. And why were you transferred</p> <p>17 to the citywide narcotics unit?</p> <p>18 A. I was a good detective.</p> <p>19 Q. So this was a promotion?</p> <p>20 A. It's not -- it's not technically a</p> <p>21 promotion. We don't get -- there's not pay</p> <p>22 increases for police officer and detectives. It</p> <p>23 was just a chance to work bigger cases.</p> <p>24 Q. And your title was still police</p> <p>25 officer?</p>	<p style="text-align: right;">Page 32</p> <p>1 present?</p> <p>2 A. Yes. I was assigned an outside role</p> <p>3 in a different -- I'm a crisis negotiator as</p> <p>4 well. I'm still assigned to the narcotics unit,</p> <p>5 but I'm also a crisis negotiator.</p> <p>6 Q. And have your responsibilities</p> <p>7 during this 13-year period, have they changed</p> <p>8 over time?</p> <p>9 A. Could you ask that one more time,</p> <p>10 responsibilities?</p> <p>11 Q. Sure.</p> <p>12 You joined the narcotics unit in</p> <p>13 December of 2005 and you've been with the</p> <p>14 narcotics unit from 2005 to -- through the</p> <p>15 present. During this time, this 13-year period,</p> <p>16 have your responsibilities changed at all?</p> <p>17 A. It's a difficult question to answer.</p> <p>18 My responsibility is to get drug dealers off the</p> <p>19 street, but some of the roles have shifted on</p> <p>20 what we target now.</p> <p>21 Q. How so?</p> <p>22 A. When I first went into the narcotics</p> <p>23 unit, our job was to get mid to upper level drug</p> <p>24 dealers. We worked longer cases, larger cases.</p> <p>25 2013, once we started seeing people dying from</p>
<p style="text-align: right;">Page 31</p> <p>1 A. No. It was detective.</p> <p>2 Q. Detective?</p> <p>3 A. Yes, sir.</p> <p>4 Q. When did you become a detective?</p> <p>5 A. I was a detective in the vice unit.</p> <p>6 Q. Right.</p> <p>7 A. And when I went to the narcotics</p> <p>8 unit, I stayed a detective.</p> <p>9 Q. And you're still a detective today?</p> <p>10 A. Yes, sir.</p> <p>11 Q. And you've been a detective</p> <p>12 continuously from when you first received that</p> <p>13 title until today, correct?</p> <p>14 A. Yes, sir.</p> <p>15 Q. Have you had any other titles?</p> <p>16 A. No.</p> <p>17 Q. Okay. How long were you in the --</p> <p>18 well, you're still in the narcotics unit,</p> <p>19 correct?</p> <p>20 A. Correct.</p> <p>21 Q. Have you ever left the narcotics</p> <p>22 unit?</p> <p>23 A. No.</p> <p>24 Q. So you've been in the narcotics unit</p> <p>25 continuously from December of 2005 to the</p>	<p style="text-align: right;">Page 33</p> <p>1 heroin overdoses, it shifted towards</p> <p>2 targeting -- investigating fatal overdose deaths</p> <p>3 because of, you know, all the people dying from</p> <p>4 the drug.</p> <p>5 Q. "The drug" being heroin?</p> <p>6 A. Heroin, fentanyl, carfentanil.</p> <p>7 Q. And when you said before you were</p> <p>8 focused on mid to upper level drug dealers, what</p> <p>9 types of people and organizations are you</p> <p>10 talking about?</p> <p>11 A. DTOs, drug trafficking</p> <p>12 organizations.</p> <p>13 Q. And who did you start investigating</p> <p>14 once you shifted to the fatal overdose cases?</p> <p>15 A. Well, we still -- obviously our goal</p> <p>16 is to get drugs off the streets, but at this</p> <p>17 point, you know, we start looking at the person</p> <p>18 providing the drugs that led to the person dying</p> <p>19 from the drug.</p> <p>20 Q. How is that different? I'm trying</p> <p>21 to understand that.</p> <p>22 A. Do you got a minute?</p> <p>23 Q. Yes. That's why we're here.</p> <p>24 A. Well, obviously when you're</p> <p>25 targeting mid to upper level drug dealers,</p>

<p style="text-align: right;">Page 34</p> <p>1 you're making larger drug buys, you're going 2 after kilo guys, you know, guys selling large 3 amounts. You're dealing with different sources. 4 Now, when you're coming back down on the heroin 5 overdose death, as I'm sure you know, it takes a 6 very, very small amount of this drug to kill 7 someone, so now we're going after persons that 8 might not be at the top of the food chain that 9 are lower level drug dealers, but obviously our 10 goal is to get to that person and still work our 11 way up. 12 Q. Throughout this period have you 13 operated in an undercover capacity or sometimes 14 not in an undercover capacity? 15 MS. DEBROSSE ZIMMERMAN: Object to 16 form. 17 You may answer, Detective. 18 A. You're going to need to reword that 19 because there's two types of -- it's always an 20 undercover capacity. There's two different 21 types, though. 22 Q. Tell me the two different types, 23 please. 24 A. Well, one type of undercover 25 capacity is actually engaging in hand-to-hand</p>	<p style="text-align: right;">Page 36</p> <p>1 So the HIDI is a unit or a division 2 or a group within the Cleveland Police 3 Department? 4 A. We're still narcotics detectives. 5 It's just an acronym they gave to us for the 6 role that we're now assuming. It's not a 7 separate unit. We're still narcotics 8 detectives. We're still in the narcotics unit. 9 It's just an acronym that the commander gave us. 10 Q. How many members are there in the 11 HIDI? 12 A. We started with two, and now we have 13 seven, with supervisors, one regular supervisor 14 and -- well, now there's only two. There's two 15 other supervisors that will occasionally fill in 16 if the supervisor is not available. 17 Q. Who are the original two? 18 A. Myself and Detective Tom Klamert, 19 K-l-a-m-e-r-t. 20 Q. And who are the seven now? 21 A. You have Detective John Cline, 22 C-l-i-n-e; Detective John Dlugolinski. Common 23 spelling, D-l-u-g-o-l-i-n-s-k-i. He's more of a 24 fill-in role, because he's got another 25 assignment, but if we're short, he fills in. We</p>
<p style="text-align: right;">Page 35</p> <p>1 transactions, which I have done. The other, 2 we're always undercover. We're in neighborhoods 3 that we can't exactly wear our uniforms in, so 4 even if I'm not engaging in a hand-to-hand 5 transaction, I'm still exposed to the public. I 6 don't want them to know I'm a law enforcement 7 officer because I'm in dangerous neighborhoods 8 dealing with dangerous people. 9 Q. So is it fair to say that since you 10 joined the narcotics unit in December 2005, 11 you've never worn a uniform in the course of 12 your work? 13 A. We do not wear uniforms. 14 Q. Okay. Now, when you started working 15 the heroin overdose deaths in 2013, was this in 16 connection with the heroin-involved death 17 investigation unit or division? 18 A. When we started seeing the bodies 19 piling up, there was a need for us to 20 investigate these, so at the time -- that's the 21 acronym. We're still the narcotics unit. It's 22 actually HIDI, heroin-involved death 23 investigation, not unit. That's the acronym 24 they created for what we did. 25 Q. So the HIDI -- H -- strike that.</p>	<p style="text-align: right;">Page 37</p> <p>1 have Detective Carl Robinson, Detective Frank 2 Lake, and Detective Mike Schroeder, 3 S-c-h-r-o-e-d-e-r. 4 Q. And when did you go up to seven? 5 Was it gradually over the years or -- 6 A. The overdose deaths kept increasing. 7 It was a large burden for myself and my 8 partners, so gradually we kept -- we had to keep 9 adding because of the caseload. 10 Q. Do you remember how you -- was 11 anybody added in 2014; do you remember? 12 A. I believe John Cline and John 13 Dlugolinski were added in 2014, Frank Lake was 14 added in 2015 maybe, and then just this past 15 year we added Detective Schroeder and Detective 16 Robinson. 17 Q. And you mentioned a supervisor, 18 possibly two supervisors. Would that be 19 Mr. Gingell? Is that how you pronounce it? 20 A. He's the commander for the entire 21 unit. He's not who we work with. He's not on 22 the street. So our immediate supervisor at this 23 point is Sergeant Matt Baeppler, 24 B-a-e-p-p-l-e-r. And when he's not available 25 for whatever reasons, we have a Sergeant Mike</p>

<p style="text-align: right;">Page 38</p> <p>1 Ward, W-a-r-d; Sergeant Joe Bovenzi, 2 B-o-v-e-n-z-i, and then we had -- Lieutenant 3 Connelly would fill in, but he's since been 4 promoted, so I don't believe he's going to be 5 involved anymore. 6 Q. So do these supervisors then report 7 to Mr. Gingell? 8 A. Yes, sir. 9 Q. Am I pronouncing it? 10 A. Gingell, correct. 11 Q. Okay. And do you report to 12 Mr. Gingell or you just report to the 13 supervisors? 14 A. We're all in the same office. I 15 don't necessarily report to him, but, I mean, 16 I'll discuss cases with him. 17 Q. And do you know if Mr. Gingell has 18 responsibilities over and above the HIDT? 19 A. Well, he's in charge -- it's called 20 BSS, Bureau of Special Services, so he's in 21 charge of the narcotics unit, he's also in 22 charge of the Cleveland Police SWAT unit, and he 23 serves as the head supervisor for the crisis 24 negotiation team. 25 Q. And how much of your time do you</p>	<p style="text-align: right;">Page 40</p> <p>1 A. I've been in a few with Mexican 2 cartels, yes, sir. 3 Q. When was that? 4 A. The most recent one was maybe 2016, 5 where I was conducting undercover purchases. 6 I've -- also, in 2006, 2007 we were doing some 7 large marijuana deals where I was in an 8 undercover capacity. 9 Q. And when you say you make purchases, 10 who are you buying from? 11 A. Drug dealers. 12 Q. So you're not -- you're not embedded 13 with the cartel, you're doing business with the 14 cartel? 15 MS. DEBROSSE ZIMMERMAN: Object to 16 form. 17 Q. Is that right? 18 A. What do you mean by "embedded"? 19 Q. You don't try and join up with the 20 cartel? 21 A. No. I can't join the cartel. 22 MS. DEBROSSE ZIMMERMAN: Object to 23 form. 24 Q. So you're making drug -- you're 25 making drug buys from the cartel?</p>
<p style="text-align: right;">Page 39</p> <p>1 spend on crisis negotiation? 2 A. You can't put a number on that. I 3 mean, it's -- if we get called out for it, we 4 get called out. There's a few of us, so it's 5 not necessarily every negotiation. You know, 6 we'd like to respond with three detectives. So 7 if I'm able to respond, I'll respond. You can't 8 put an exact number on it. 9 Q. When you do the crisis negotiation 10 work, is that connected with drugs or it could 11 be any type of a situation? 12 A. It can be. It can be any type of 13 situation. I've encountered drug addicts that 14 were barricaded, but I've also encountered 15 persons that just shot at police officers that 16 were barricaded. So, I mean, you don't know 17 what you're responding to. You know, persons in 18 need, persons in crisis, persons that are 19 barricaded. 20 Q. Do you have anyone reporting to you? 21 A. I'm just a detective. I'm not a 22 supervisor. 23 Q. Now, at one point you served in an 24 undercover capacity with a Mexican drug cartel; 25 is that correct?</p>	<p style="text-align: right;">Page 41</p> <p>1 A. From cartel members, yes. 2 Q. And are you posing as a middleman? 3 Is that it? 4 MS. DEBROSSE ZIMMERMAN: Object to 5 form. 6 Q. Are you buying large quantities from 7 the cartel? 8 A. No. No. 9 Q. Do the cartel members think you're 10 making small buys for personal use or larger 11 buys for possible distribution to others? 12 A. There's been various, I mean, small 13 purchases from lower level members that are 14 reporting to higher members. You know, 15 obviously I try to buy more, but if I'm posing 16 as an addict, I'm not exactly buying ounces of 17 heroin. So, I mean, it's kind of tough to 18 answer. It depends on the situations, what the 19 situations were. 20 Q. When you've done this undercover 21 work with the Mexican cartels, are you doing it 22 in Cleveland or are you doing it elsewhere or 23 both? 24 A. Drug dealers are very slick, so 25 they'll pick a location, and then that location</p>

<p style="text-align: right;">Page 42</p> <p>1 can change because they're conducting counter 2 surveillance, so there have been locations that 3 were outside the city of Cleveland, and that 4 location would change to another location, to 5 another location, to another location, before 6 you get the final drug purchase. So I would say 7 some of the locations were outside the city. 8 Q. But always within Ohio? 9 A. Yeah. Oh, yeah. 10 Q. Okay. Have you ever had any 11 responsibilities for police department budgeting 12 or policy setting? 13 A. No. That's above my pay grade. 14 Q. Now, in addition to your police 15 roles and duties, have you also served on task 16 forces and committees relating to drug abuse? 17 A. You asked two questions there. You 18 asked about task forces and you asked about 19 committees. I think you need to specify which 20 one is which because there's two answers there. 21 Q. Let's start with task forces. Have 22 you served on any of those? 23 A. I have been on federal task forces, 24 yes. I've also been temporarily assigned to 25 federal task forces for wire cases for larger</p>	<p style="text-align: right;">Page 44</p> <p>1 Drug Trafficking Area Group? 2 A. Well, that's our HIDTA, H-I-D-T-A. 3 Q. But there's not even a -- it's not 4 part of a greater Ohio organization or not, 5 state organization? 6 A. Not that I've been involved with. 7 I'm not sure. 8 Q. Okay. 9 A. But as far as HIDTA, we have 10 analysts that work out of HIDTA that assist on 11 cases. And, also, they have a hotel/motel 12 interdiction squad that runs out of HIDTA. 13 That's what Sergeant Bovenzi is in charge of. 14 So we've assisted them if they needed detectives 15 on cases. 16 Q. I think you alluded earlier to 17 having made presentations; is that correct? 18 A. I do, yes. 19 Q. And who do you make presentations 20 to? 21 A. I serve on faculty for what's called 22 NAGTRI, National Association of Attorney 23 Generals Training Institute. So I've traveled 24 the country to various cities. 25 Q. Do you know who pays for you when</p>
<p style="text-align: right;">Page 43</p> <p>1 drug distributors. 2 Q. What task forces have you served on? 3 A. I was in -- I was assisting an FBI 4 task force on numerous occasions on wire cases. 5 I was assigned briefly to a NOLETF, which is 6 Northeast Ohio Law Enforcement Task Force. I 7 was briefly assigned there for six months or so. 8 Q. What six months were those? 9 A. It was like 2012 to, you know, 2013. 10 And then throughout the course of my duties in 11 the narcotics unit, you know, if the FBI were 12 conducting a case, and we know the city like the 13 back of our hand, so we assist with 14 surveillance, sitting wires, doing what's needed 15 to get the drugs off the streets. 16 Q. Have you served on -- you asked me 17 to break it up and I will do that. 18 Have you served on any committees 19 that relate to drug abuse? 20 A. I have not been on any committees. 21 Q. Have you had any involvement with 22 the Cuyahoga County Opiate Task Force? 23 A. Not -- not directly. I mean, I 24 don't think so, no. 25 Q. How about the Ohio High Intensity</p>	<p style="text-align: right;">Page 45</p> <p>1 you do that? 2 A. I'm sorry? 3 Q. Do you know who pays your expenses 4 when you do that? 5 A. I don't get paid for it. They cover 6 my expenses. NAGTRI covers my flight per diem, 7 and then the City -- it goes toward the duty for 8 the City of Cleveland because I'm representing 9 the City of Cleveland. 10 Q. Do you know whether the -- whether 11 your expenses in any respect come out of the 12 Cleveland Police Department budget? 13 A. They do not. 14 - - - - - 15 (Thereupon, Moran Deposition Exhibit 16 1, Cuyahoga County Opiate Task Force 17 Report 2014, was marked for purposes 18 of identification.) 19 - - - - - 20 Q. Mr. Moran, I'm handing you what's 21 been marked as Moran Exhibit 1. It's a 22 multi-page document. I don't see a Bates number 23 on here. So I'm told by Mr. Zipp that it was 24 produced natively. I have no idea what that 25 means, but --</p>

<p style="text-align: right;">Page 46</p> <p>1 A. Neither do I.</p> <p>2 Q. Good. We have common ground here.</p> <p>3 So this is a task force report from</p> <p>4 2014. Do you see that?</p> <p>5 A. Yes, sir.</p> <p>6 Q. Have you ever seen this document</p> <p>7 before?</p> <p>8 A. I don't recall. I don't know.</p> <p>9 Q. And I believe you said that you've</p> <p>10 had no involvement with this organization, the</p> <p>11 Cuyahoga County Opiate Task Force; is that</p> <p>12 correct?</p> <p>13 A. Not to my recollection, no. I</p> <p>14 mean --</p> <p>15 Q. Okay. I'd like to direct your</p> <p>16 attention to the second page of the document.</p> <p>17 And as you can see, it relates to the -- it</p> <p>18 relates to prescription drug abuse.</p> <p>19 Do you see that?</p> <p>20 A. In the first sentence, yes, sir.</p> <p>21 Q. If you go down to a little below the</p> <p>22 halfway mark on the page, it says, "Contributing</p> <p>23 factors that led to this epidemic include."</p> <p>24 Do you see that?</p> <p>25 A. Give me one second. I'd like to</p>	<p style="text-align: right;">Page 48</p> <p>1 A. I do.</p> <p>2 Q. Do you have an understanding of the</p> <p>3 term "diversion"?</p> <p>4 A. I do.</p> <p>5 Q. What is your understanding of that</p> <p>6 term?</p> <p>7 A. Well, maybe I don't have an exact</p> <p>8 understanding. I know we have a diversion --</p> <p>9 diversion detectives in the narcotics unit that</p> <p>10 deal specifically with prescription pill crimes,</p> <p>11 being doctor shopping, forging prescriptions. I</p> <p>12 don't work hand in hand with them per se. So, I</p> <p>13 mean, that's my understanding of diversion.</p> <p>14 It's what I understand through our narcotics</p> <p>15 unit.</p> <p>16 Q. You understand diversion to include</p> <p>17 such things as doctor shopping; is that right?</p> <p>18 A. Yes.</p> <p>19 Q. And what do you understand doctor</p> <p>20 shopping to entail?</p> <p>21 A. Going to various doctors with</p> <p>22 illnesses, attempting to obtain prescriptions.</p> <p>23 Q. To get multiple prescriptions for</p> <p>24 the same ailment or supposed ailment?</p> <p>25 MS. DEBROSSE ZIMMERMAN: Object to</p>
<p style="text-align: right;">Page 47</p> <p>1 review the entire document.</p> <p>2 Q. Sure.</p> <p>3 A. We're skipping over the 2010 part,</p> <p>4 right? We're going down to "Contributing</p> <p>5 factors"?</p> <p>6 Q. That's correct.</p> <p>7 A. Okay.</p> <p>8 Okay.</p> <p>9 Q. Have you had a chance to review this</p> <p>10 page?</p> <p>11 A. I have.</p> <p>12 Q. Okay. So you'll -- you see there is</p> <p>13 a series of six bullet points underneath where</p> <p>14 it says, "Contributing factors that led to this</p> <p>15 epidemic"? Do you see that?</p> <p>16 A. I do.</p> <p>17 Q. And the epidemic, as we see from</p> <p>18 above, relates to prescription drug abuse,</p> <p>19 correct?</p> <p>20 A. I do. Yes.</p> <p>21 Q. Okay. I'd like to direct your</p> <p>22 attention, first of all, to the final bullet,</p> <p>23 where it talks about widespread diversion of</p> <p>24 medications.</p> <p>25 Do you see that?</p>	<p style="text-align: right;">Page 49</p> <p>1 form.</p> <p>2 A. I could agree to that.</p> <p>3 Q. Are you familiar with illegal online</p> <p>4 pharmacies?</p> <p>5 A. Not extremely familiar. I mean, I'm</p> <p>6 aware that there are online pharmacies.</p> <p>7 Q. That sell prescription drugs</p> <p>8 illegally?</p> <p>9 A. Yes.</p> <p>10 Q. Do you have an understanding what a</p> <p>11 pill mill is?</p> <p>12 A. I do.</p> <p>13 Q. What's that understanding?</p> <p>14 A. I mean, for me it's twofold. I</p> <p>15 mean -- but it's, you know, when a place opens</p> <p>16 and they're just -- people are lined up and</p> <p>17 they're going to get their prescriptions and in</p> <p>18 and out getting their pills.</p> <p>19 Q. So it's a shop where patients are --</p> <p>20 are given prescriptions to pills without much</p> <p>21 investigation or thought, correct?</p> <p>22 A. I would agree with that, yes, sir.</p> <p>23 Q. Okay. Now, you see there's six</p> <p>24 bullets here of contributing factors that have</p> <p>25 led to the prescription drug abuse epidemic:</p>

<p style="text-align: right;">Page 50</p> <p>1 "Changes made to clinical pain management 2 guidelines during the late 1990s, improper 3 storage and disposal of unused medication, 4 marketing medications directly to consumers, 5 overprescribing, substance abuse and underlying 6 mental health issues," and "widespread diversion 7 of medications such as doctor shopping, illegal 8 online pharmacies, and the establishment and 9 recent closure of pill mills." 10 Do you see that? 11 A. I do. 12 Q. And do you agree with that list? 13 A. I mean, I -- when you take and you 14 look at like the 2010, where how many 15 prescriptions are actually filled, I mean, every 16 American adult -- I mean, it's crazy, so, I 17 mean, obviously there are some contributing 18 factors that could lead to that as well, sure. 19 Q. Well, what do you think is missing 20 from this list, if anything? 21 A. What do I think is missing? I don't 22 know. 23 Q. Sitting here today, you can't 24 identify anything? 25 MS. DEBROSSE ZIMMERMAN: Object to</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. What else do you mean within -- when 2 you say "environmental situations," do you mean 3 anything else or is that it? 4 A. Environmental situations could be 5 the neighborhoods you grow up in. If you're in 6 a neighborhood where maybe the economics aren't 7 that great, it's a lower poverty neighborhood, 8 and you're hanging out with people that are 9 abusing prescription pills, it could be a 10 contributing factor for -- you know, leading to 11 it, with who you're with. 12 Q. Let's go to the six bullets. 13 Do you know what changes were made 14 to clinical pain management guidelines during 15 the late 1990s? 16 A. I don't. 17 Q. Do you know who made them? 18 A. I don't. 19 Q. Do you know what's encompassed by 20 improper storage and disposal of unused 21 medication? 22 A. I do. 23 Q. What's that? 24 A. That's persons keeping pills in the 25 cabinet where anyone can access them. It could</p>
<p style="text-align: right;">Page 51</p> <p>1 form. 2 A. As far as contributing factors 3 for -- 4 Q. Leading to the prescription drug 5 abuse epidemic. 6 A. I mean, those are pretty on point. 7 I mean, contributing factors could be -- it 8 could be numerous other things; I mean, economic 9 situations, environmental situations, 10 surroundings, persons you're with, upbringing, 11 the vast availability of the drugs. I mean, 12 like it says -- I mean, that's -- I didn't 13 realize -- I mean, that's pretty alarming on 14 what it says under 2010, so, I mean, the vast 15 availability of this could be a contributing 16 factor. 17 Q. Let's go through -- well, I'm sorry. 18 What did you mean by "economic situations"? 19 A. Actually, if you want to strike 20 that. It was more or less environmental 21 situations, what you grew up with, your 22 surroundings, persons you're with, family 23 upbringing. I mean, that could be contributing 24 factors. If you see your parents popping pills, 25 you may wonder what it's about.</p>	<p style="text-align: right;">Page 53</p> <p>1 be someone, you know, passing away and the 2 family not taking care -- taking the proper 3 steps to dispose of the medications in the 4 house. 5 Q. And in that situation, who is to 6 blame for that? 7 MS. DEBROSSE ZIMMERMAN: Object to 8 form. 9 A. I don't think you can blame one 10 person on that. It's multi-faceted. 11 Q. But it's the family for not having 12 properly disposed of the medications, correct? 13 A. I mean, the family, the person 14 taking it. 15 Q. It wouldn't be the manufacturer that 16 made the pill, the distributor that distributed 17 the pill or the pharmacy that filled the 18 prescription who was involved in that situation, 19 correct? 20 MS. DEBROSSE ZIMMERMAN: Object to 21 form. 22 A. The vast availability of the pills 23 and the easy access to get them. I mean, if 24 someone is getting them without the necessary 25 need, obviously you can blame other people.</p>

<p style="text-align: right;">Page 54</p> <p>1 Q. Let's say you have someone who's got 2 a lawfully prescribed medication -- 3 A. Okay. 4 Q. -- for an opioid, and passes away, 5 and then the relatives come in and take those 6 opioids and sell them or use them. In that 7 circumstance, who is to blame? 8 MS. DEBROSSE ZIMMERMAN: Object to 9 form. 10 A. When you say "lawfully," that's 11 iffy, too, because obviously they're lawfully 12 but maybe not needed, but obviously it would be 13 the family for the improper -- 14 Q. It's not your testimony, is it, that 15 there's no circumstance in which opioids are 16 necessary and properly prescribed? 17 MS. DEBROSSE ZIMMERMAN: Object to 18 form. 19 A. I don't -- 20 Q. Is it your testimony that there's no 21 situation in which opioids are medically 22 necessary and -- medically necessary and 23 properly prescribed? 24 A. Sir, I'm not a doctor. 25 Q. You are aware that there are</p>	<p style="text-align: right;">Page 56</p> <p>1 Q. And, likewise, you would not blame 2 the pharmacy that filled the prescription for 3 that pill, correct? 4 A. We're still talking lawfully 5 prescribed, right? 6 Q. Yes, we are. 7 A. Correct. 8 Q. Okay. Do you know who markets 9 medications directly to consumers? 10 A. I don't. 11 Q. Do you know who does the 12 overprescribing? 13 A. Obviously prescriptions are going to 14 come from doctors. 15 Q. Right. So do you understand who is 16 at fault when a prescription is overprescribed? 17 MS. DEBROSSE ZIMMERMAN: Object to 18 form. 19 A. I do. 20 Q. Who is that? 21 A. It would be the doctor. 22 Q. The next bullet talks about 23 substance abuse and underlying mental health 24 issues. 25 Do you see that?</p>
<p style="text-align: right;">Page 55</p> <p>1 lawfully prescribed opioids out there? 2 A. I'm aware that there are lawfully 3 prescribed opioids, yes. 4 Q. Okay. And what I'm saying is, in 5 that circumstance where someone gets a lawfully 6 prescribed opioid for a legitimate medical need, 7 but then passes away and the family comes in and 8 takes those unused pills and sells them or uses 9 them themselves -- in that circumstance you 10 would not blame the manufacturer who made the 11 pill, would you? 12 MS. DEBROSSE ZIMMERMAN: Object to 13 form. 14 A. In that specific circumstance, 15 describing the way the events unfolded, 16 obviously it's the person -- the persons 17 involved with improper storage and the person 18 obviously taking them, so -- 19 Q. Right. 20 And in that circumstance you also 21 wouldn't blame the distributor that distributed 22 the pill, correct? 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 A. In that circumstance, yes.</p>	<p style="text-align: right;">Page 57</p> <p>1 A. I do. 2 Q. Do you know what's encompassed by 3 that? 4 A. I believe I do. 5 Q. What's your understanding? 6 A. If someone has other substance abuse 7 issues, and there's possibly opioids near them, 8 they may venture into trying different drugs. 9 Obviously underlying mental health issues. I 10 mean, I'm not a physician, not a psychiatrist, 11 but obviously if you have some issues going on 12 upstairs, you may want to try drugs, too. 13 Q. Is it your experience that persons 14 who have drug issues will go from one drug to 15 another based on cost and availability; in other 16 words, someone who is taking cocaine one day may 17 well take, you know, heroin the next day, if 18 they can find it, or OxyContin, if they can find 19 that? 20 MS. DEBROSSE ZIMMERMAN: Object to 21 form. 22 A. Yes and no. 23 I've seen plenty of opportunities 24 through the course of my career where people 25 have transferred from lawfully prescribed</p>

<p style="text-align: right;">Page 58</p> <p>1 opioids to being cut off and then transferring 2 to heroin, because it's assessable and cheaper; 3 however, where you're kind of incorrect at, 4 people have their drugs of choice. Cocaine and 5 heroin are two different types. One is a 6 depressant; one is a stimulant. So most people 7 that do cocaine, unless they're inadvertently 8 getting fentanyl, for instance, in their 9 cocaine, they're going to stick to cocaine, 10 whereas people that like heroin, you know, they 11 like to stick to heroin. 12 Now, it's not uncommon for some 13 heroin users to maybe smoke crack on top of it, 14 but for the most part, when persons have their 15 drug of choice, they stick with the drug of 16 choice. However, as I said, you know, the 17 pills, in my course of what I do, I have seen 18 that lead to heroin abuse. 19 Q. You talked earlier about diversion, 20 at least some forms of diversion, including 21 doctor shopping and illegal online pharmacies 22 and pill mills. Do you have an understanding of 23 who's responsible for diversion? 24 MS. DEBROSSE ZIMMERMAN: Object to 25 form.</p>	<p style="text-align: right;">Page 60</p> <p>1 A. Well, you can't really say 1996 2 because we started in 2013 solely responding, so 3 since 2013 I would say that I've responded to -- 4 I can't give an exact number, but it's over 800 5 fatalities. That's 800 families that have lost 6 a loved one to some sort of overdose. 7 Q. So can I stop you there for one 8 second, please? 9 How many non-fatalities? 10 A. That's what I was getting to. 11 Q. Sorry. 12 A. In 2014 we started responding to 13 non-fatal overdoses. Our numbers were 14 staggering at first. I would say myself 15 personally -- mind you there's other detectives, 16 so myself personally, since 2014, I would say 17 that I've responded to over a thousand. 18 Q. And when you respond to a non-fatal 19 overdose, what's the situation? How are you 20 getting called in and what are you being asked 21 to do? 22 A. We are called in because someone 23 overdosed based off of EMS or, you know, 24 materials on scene, syringes, packaging, the use 25 of Narcan where someone all of a sudden snapped</p>
<p style="text-align: right;">Page 59</p> <p>1 A. Again, I don't work in our diversion 2 unit, so -- 3 Q. But you've had involvement with 4 diverted drugs, have you not? 5 A. Meaning the pills and prescriptions, 6 is that what you're referring to, or -- 7 Q. Where you have a prescription pill 8 that is being used unlawfully. 9 A. Well, here's -- that gets tricky, 10 too. Obviously I go to fatalities. I've gone 11 to hundreds and hundreds of dead bodies from 12 overdoses. It's not uncommon to be at a 13 fatality and see prescription pills there also. 14 Q. About how often do you find that as 15 a percentage? 16 A. I can't give a percentage. I don't 17 know. I've never kept a -- 18 Q. More than half, less than half? 19 A. I can't give you a percentage. 20 Q. Since you started on the force in 21 1996, about how many overdose cases have you 22 responded to? 23 A. Are we talking fatalities or 24 non-fatalities? 25 Q. Both.</p>	<p style="text-align: right;">Page 61</p> <p>1 out of it. EMS then notifies our uniform 2 officers. Once they deem what they believe to 3 be an overdose, they'll contact us. We then 4 either respond to the scene, if we can, to try 5 to collect evidence, if there's any there, and 6 then we respond to the hospital. 7 Once at the hospital, my job is 8 twofold now. A, I build a rapport, I talk to 9 them. I ask them how they got started using 10 drugs, try to get a common ground where they 11 trust me. I try to find out where the drugs 12 have come from, because sometimes we're able to 13 link a non-fatal overdose, because we have a 14 survivor. We're able to link that drug dealer 15 to a fatal overdose where someone is not able to 16 tell me where they got the drugs. 17 And then we also try to provide 18 treatment resources for the persons of non-fatal 19 overdoses. If they want treatment, we're able 20 to get them into a detox as soon as they leave 21 the hospital. 22 Q. I want to follow up on that, but 23 before we do, you mentioned Narcan. What is 24 Narcan? 25 A. Naloxone.</p>

<p style="text-align: right;">Page 62</p> <p>1 Q. And what does that do?</p> <p>2 A. It reverses the effect of an opioid</p> <p>3 overdose.</p> <p>4 Q. Do you carry it with you?</p> <p>5 A. I do.</p> <p>6 Q. When did you start carrying it with</p> <p>7 you?</p> <p>8 A. I believe we were issued it in late</p> <p>9 2015, early 2016.</p> <p>10 Q. Is that true of all police officers</p> <p>11 or just your unit?</p> <p>12 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>13 form.</p> <p>14 A. So we were issued it originally</p> <p>15 because we're dealing with very dangerous</p> <p>16 chemicals that could potentially kill us. So we</p> <p>17 carried it for ourselves because we're not</p> <p>18 actually responding to calls. Later, after</p> <p>19 that, I believe that all members of the Division</p> <p>20 of Police were issued Narcan.</p> <p>21 Twofold. Obviously if they respond</p> <p>22 to a scene and they're there before EMS, they're</p> <p>23 able to administer Narcan, but also it's for</p> <p>24 protection of ourselves because the stuff is</p> <p>25 highly dangerous.</p>	<p style="text-align: right;">Page 64</p> <p>1 I'm sorry, in the overwhelming -- strike that.</p> <p>2 Is it fair to say that when you are</p> <p>3 called to respond to a fatal overdose or a</p> <p>4 non-fatal overdose, in the overwhelming number</p> <p>5 of cases, that the drug involved is either</p> <p>6 heroin or fentanyl or carfentanil?</p> <p>7 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>8 form.</p> <p>9 A. That's -- that's a yes and no. I</p> <p>10 mean, for the most part, that's the</p> <p>11 contributing -- that's what caused the death,</p> <p>12 but there's other instances where they have</p> <p>13 other drugs in their system.</p> <p>14 Q. So let's -- first of all, in terms</p> <p>15 of immediate cause of death, it's true, is it</p> <p>16 not, that for those 1,800, or more than 1,800</p> <p>17 cases that you've investigated, that the</p> <p>18 overwhelming majority of those have involved</p> <p>19 heroin, fentanyl and carfentanil -- or</p> <p>20 carfentanil, correct?</p> <p>21 A. You said 1,800. That's -- are we</p> <p>22 talking fatals or --</p> <p>23 Q. We're adding them together.</p> <p>24 A. I would say, yeah, absolutely. I</p> <p>25 mean, it's a combination of heroin, fentanyl,</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. So when you had -- when you started</p> <p>2 carrying Narcan in 2015 or 2016, were you</p> <p>3 allowed to administer it to others or was it</p> <p>4 just for your own protection?</p> <p>5 A. I administered it one time, so we</p> <p>6 were -- we were allowed to administer, yes.</p> <p>7 Q. You have administered one time?</p> <p>8 A. I have one time.</p> <p>9 Q. Okay. So you mentioned over 800</p> <p>10 fatalities since 2013 and over 1,000</p> <p>11 non-fatalities since 2014 that you've</p> <p>12 investigated, correct?</p> <p>13 A. Yes, sir.</p> <p>14 Q. What percentage of those involved</p> <p>15 prescription pills, in other words, someone who</p> <p>16 is overdosing on a prescription medication?</p> <p>17 A. I'm not comfortable with</p> <p>18 percentages. We've responded to some instances</p> <p>19 where we believed it to be a heroin type of</p> <p>20 overdose. After building a rapport with the</p> <p>21 victim, we found out that it was a prescription</p> <p>22 pill overdose, or it was conveyed to us that it</p> <p>23 was a prescription pill overdose.</p> <p>24 Q. I would assume it's fair to say, is</p> <p>25 it not, that the overwhelming percentage of --</p>	<p style="text-align: right;">Page 65</p> <p>1 carfentanil, yes, sir.</p> <p>2 Q. Okay. Now, you also suggested that</p> <p>3 sometimes you found evidence, either on the</p> <p>4 scene or from having talked to a surviving</p> <p>5 victim or -- or relatives of a deceased victim,</p> <p>6 you've gotten evidence that sometimes</p> <p>7 prescription drugs have also been involved,</p> <p>8 correct?</p> <p>9 A. Yes.</p> <p>10 Q. Do you know, of those more than</p> <p>11 1,800 cases, how many of those have involved at</p> <p>12 some point down the line either starting on</p> <p>13 prescription drugs or taking prescription drugs</p> <p>14 somewhere -- you know, in the middle of their</p> <p>15 drug-taking history have they used prescription</p> <p>16 drugs?</p> <p>17 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>18 form.</p> <p>19 A. I don't think I quite understand --</p> <p>20 are you saying -- obviously from the non-fatal</p> <p>21 overdoses, unless we get -- or the fatal</p> <p>22 overdoses -- I'm sorry -- unless we get</p> <p>23 information from the family, we're not quite</p> <p>24 sure how they started, how they led to heroin.</p> <p>25 Q. Right.</p>

<p style="text-align: right;">Page 66</p> <p>1 A. I can tell you that an overwhelming 2 number of the non-fatal overdoses -- you know, 3 we interview them, we talk to them, I try to be 4 as compassionate as I can, you know, get them to 5 talk to me and understand. There's an 6 overwhelming number that, you know, were 7 originally prescribed pills for some sort of 8 injury. Some confess that it was a legitimate 9 injury. Some, you know, confess to going to a 10 doctor that they could easily get a prescription 11 from. But eventually those prescription pills 12 were cut off, were stopped, and now you have 13 someone that's got a horrible addiction with no 14 resources and they turn to heroin. And 15 obviously back then, it was, you know, you turn 16 to heroin -- I mean, carfentanil for the city of 17 Cleveland didn't come into play until November 18 of 2014. So sometimes when I say heroin, 19 fentanyl, it's kind of a combination of the two. 20 Q. And when you say -- can you quantify 21 how many of those -- of the non-fatal overdose 22 cases that you've investigated, can you quantify 23 how many of those you believe started on 24 prescription opioids? 25 A. I'm not comfortable putting a number</p>	<p style="text-align: right;">Page 68</p> <p>1 their drug dealer is. But that's not the 2 ultimate goal. The ultimate goal is to earn 3 some trust. There may be a time where that 4 person's best friend did because it's not 5 uncommon for people to die from overdoses in our 6 city, it's a common occurrence. So we want that 7 person to trust us so that maybe they're on 8 scene, and, hey, you know what, this guy was 9 okay at the hospital, I'm going to let him know 10 where these drugs came from. 11 Q. Okay, but now I'm trying to figure 12 out -- you talk to -- you try and talk to 13 everybody, right? 14 A. Absolutely. 15 Q. Okay. But not everybody tells you 16 how they started, right? 17 A. Correct. 18 Q. And do you have a sense of, of the 19 people that you talk to, what percent will tell 20 you -- give you their drug history? 21 A. I'm just -- I'm not comfortable with 22 percentages. I mean, it wasn't something as I 23 was responding to these, like I was keeping 24 track of. There's a good portion that tell us 25 their drug history.</p>
<p style="text-align: right;">Page 67</p> <p>1 on it. I've interviewed so many. I mean, when 2 I say a thousand, it could be 1,200. I mean, 3 this has been going on for -- I mean, I get no 4 sleep. We go non-stop 24 hours a day. So I 5 don't know. I'm not comfortable putting a 6 percentage. I know who I've talked to. I've 7 heard their stories. 8 Q. By the way, of the thousand or so 9 that you've -- or more than a thousand you've 10 interviewed or tried to interview, how many have 11 you actually interviewed? 12 A. I just -- 13 Q. Well, you -- not everybody talks to 14 you, right? 15 A. They talk, I mean, briefly. They 16 may not provide information. We still offer 17 resource help to them. We offer a business card 18 should they decide to talk down the road. So I 19 would say out of the -- I build a rapport. You 20 know, they may not tell me who their drug dealer 21 is because they don't want to give that up, but 22 they'll tell me how they started, they'll tell 23 me how they used, they'll tell me the color of 24 the drug that they did. The information that 25 they might not provide that we would like is who</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. More than half? 2 A. That talk to us? 3 Q. Yes. 4 A. That provide their drug history or 5 just talk to us? 6 Q. Give you their drug history. 7 A. You know, I -- yeah, I would say 8 more than half. That's not something they're 9 ashamed of. They don't mind telling us how they 10 started. 11 Q. Okay. So you have more than half 12 who tell you. Of that group that will tell you 13 their drug history, what percent say they 14 started off with a prescription opioid? 15 A. I can't give you a percentage. It 16 was a high number. There was a lot. 17 Q. More than half? 18 A. Again, I'm not comfortable with 19 percentages. There was -- I recall through the 20 course of -- you have to remember there was a 21 lot of these interviews. There was a lot that 22 started through prescription pills, but, at the 23 same time, there were some that didn't. I'm not 24 comfortable giving a percentage. I don't know. 25 Q. Do you record this anywhere?</p>

<p style="text-align: right;">Page 70</p> <p>1 A. No.</p> <p>2 Q. Do you have any statistics that show</p> <p>3 this?</p> <p>4 A. What do you mean by statistics?</p> <p>5 Q. Do you keep track? I mean, is there</p> <p>6 any place where, you know, you keep track of how</p> <p>7 many of these overdose cases start -- the</p> <p>8 overdose victim, with a fatal or a non-fatal,</p> <p>9 started with a prescription drug or not?</p> <p>10 A. We weren't keeping stats, no.</p> <p>11 Q. And do you record notes where that's</p> <p>12 reflected anywhere?</p> <p>13 A. Not so much notes, but there's a</p> <p>14 database that we enter every overdose into, and</p> <p>15 if I get the drug history, I'll input that</p> <p>16 information in the narrative.</p> <p>17 Q. And do those documents -- or does</p> <p>18 that report have a name?</p> <p>19 A. We use a database called -- it's a</p> <p>20 split database. It's -- it starts off with</p> <p>21 what's called ODMAP, which is a live overdose</p> <p>22 tracking system, but when the data is inputted</p> <p>23 into ODMAP, it goes into Case Explorer, which is</p> <p>24 a searchable -- searchable engine for us. It's</p> <p>25 a database we share with other agencies. You</p>	<p style="text-align: right;">Page 72</p> <p>1 We've determined, after checking initially --</p> <p>2 initially this morning we asked if it was</p> <p>3 video'd and we were told no -- that he has been</p> <p>4 subject to a live stream from the beginning of</p> <p>5 this deposition to the break that we just</p> <p>6 recently took. We asked counsel, who is</p> <p>7 participating by telephone, if he has taken any</p> <p>8 images, screenshotted with his phone or any</p> <p>9 other way of capturing Detective Moran's image.</p> <p>10 He has represented that he has not. We made it</p> <p>11 clear on the record that anyone who is</p> <p>12 participating remotely cannot take any image of</p> <p>13 Detective Moran.</p> <p>14 Okay. We can continue, counselor.</p> <p>15 MR. GOLDSTEIN: Can I just add for</p> <p>16 the record that no one in this room, as far as</p> <p>17 we know, requested that the live stream be used</p> <p>18 today, so certainly defense counsel -- it was</p> <p>19 not at the request of defense counsel that that</p> <p>20 was being done.</p> <p>21 MS. DEBROSSE ZIMMERMAN: Thank you.</p> <p>22 Q. You ready to resume?</p> <p>23 A. I am.</p> <p>24 Q. Good.</p> <p>25 We were talking right before the</p>
<p style="text-align: right;">Page 71</p> <p>1 know, be it if we get a drug dealer's phone</p> <p>2 number and maybe there was an overdose in</p> <p>3 another city, we get an e-mail stating that</p> <p>4 there's an alert or a match.</p> <p>5 Q. Do you personally input the data?</p> <p>6 A. I do.</p> <p>7 Q. And do you have access to the data?</p> <p>8 A. Yes.</p> <p>9 Q. And do you ever search the data to</p> <p>10 look for patterns or anything like that?</p> <p>11 A. Yes. If we have a drug dealer's</p> <p>12 phone number or we're trying to locate someone,</p> <p>13 we search that engine to see if that person has</p> <p>14 had police encounters in the past.</p> <p>15 MS. DEBROSSE ZIMMERMAN: Counsel,</p> <p>16 one moment. I just need a five-minute break.</p> <p>17 Can we go off the record for five minutes?</p> <p>18 MR. ROMAN: Okay. Sure.</p> <p>19 (Recess had.)</p> <p>20 MR. ROMAN: Let's go back on.</p> <p>21 MS. DEBROSSE ZIMMERMAN: Just for</p> <p>22 the record, I think we're all understanding that</p> <p>23 Detective Moran was not supposed to be</p> <p>24 videotaped today. There was an understanding</p> <p>25 that he would not be subject to a live stream.</p>	<p style="text-align: right;">Page 73</p> <p>1 break about a database. Do you recall that?</p> <p>2 A. Yes.</p> <p>3 Q. And I can't remember whether it had</p> <p>4 a name. Was it ODMAP? Is that the name of it?</p> <p>5 A. One of the names, yes.</p> <p>6 Q. What was the other name?</p> <p>7 A. Case Explorer.</p> <p>8 Q. And are those two separate databases</p> <p>9 or is it just one?</p> <p>10 A. They're intertwined. The ODMAPs</p> <p>11 feeds information into Case Explorer.</p> <p>12 Q. Who maintains ODMAP?</p> <p>13 A. HIDTA.</p> <p>14 Q. And who maintains Case Explorer?</p> <p>15 A. HIDTA.</p> <p>16 Q. And do they serve different</p> <p>17 purposes, ODMAP and Case Explorer?</p> <p>18 A. Yes.</p> <p>19 Q. What are the different purposes they</p> <p>20 serve?</p> <p>21 A. ODMAP is a live tracking service</p> <p>22 recording heroin overdoses. Case Explorer is</p> <p>23 where the data is inputted.</p> <p>24 Q. Is there information that's in ODMAP</p> <p>25 that's not in Case Explorer?</p>

<p style="text-align: right;">Page 74</p> <p>1 A. No.</p> <p>2 Q. Is there information in Case</p> <p>3 Explorer that's not in ODMAP?</p> <p>4 A. Yes.</p> <p>5 Q. What information is in Case Explorer</p> <p>6 that's not in ODMAP?</p> <p>7 A. If -- specific information relating</p> <p>8 to --</p> <p>9 MR. SCHOCK: Hello. Am I still</p> <p>10 connected?</p> <p>11 MS. PATEL: Do they have to tell us</p> <p>12 something? They might be trying to communicate</p> <p>13 something to us.</p> <p>14 MS. DEBROSSE ZIMMERMAN: No. He</p> <p>15 just said -- okay. Just continue.</p> <p>16 MR. ROMAN: Can you hear us?</p> <p>17 MR. SCHOCK: Yes, I can.</p> <p>18 MR. ROMAN: Sorry. You were muted.</p> <p>19 I'm sorry. We just got started.</p> <p>20 MR. SCHOCK: No problem.</p> <p>21 MR. ROMAN: Can I have the question</p> <p>22 read back, please?</p> <p>23 (Record read.)</p> <p>24 A. Case-specific information.</p> <p>25 Q. Can you give me an example?</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. Is there any instruction or manual</p> <p>2 or guidance that you've received about what</p> <p>3 information is to be included?</p> <p>4 A. Yes.</p> <p>5 Q. And what is that instruction that</p> <p>6 you've received?</p> <p>7 A. Address of occurrence, date, time,</p> <p>8 specific information for ODMAP to track it.</p> <p>9 Q. What do you mean by "specific</p> <p>10 information for ODMAP to track it"?</p> <p>11 A. Location of occurrence, date, time,</p> <p>12 name.</p> <p>13 Q. Were you also instructed to include</p> <p>14 prior drug history?</p> <p>15 A. There was a narrative that was --</p> <p>16 that's a narrative that's inputted. You know,</p> <p>17 each case detective does his own narrative.</p> <p>18 Q. And you include prior drug history</p> <p>19 in your narratives, where you know it, correct?</p> <p>20 A. I have, yes.</p> <p>21 Q. And you don't know whether any of</p> <p>22 the others do or do not?</p> <p>23 A. I don't know.</p> <p>24 Q. Can you see any reason why they</p> <p>25 would not include prior drug history if they</p>
<p style="text-align: right;">Page 75</p> <p>1 A. Suspect's vehicle.</p> <p>2 Q. How about information about prior</p> <p>3 drug history; would that be in both ODMAP and</p> <p>4 Case Explorer or just in Case Explorer?</p> <p>5 A. I believe you can't -- it would be</p> <p>6 in both.</p> <p>7 Q. When did you start using ODMAP?</p> <p>8 A. ODMAP was 2016.</p> <p>9 Q. And how about Case Explorer?</p> <p>10 A. Case Explorer was -- I can't recall</p> <p>11 exactly. 2000 -- late maybe 2015 data started</p> <p>12 being inputted.</p> <p>13 Q. Who besides you inputs information</p> <p>14 into ODMAP and Case Explorer?</p> <p>15 A. Specific to our department or</p> <p>16 nationwide?</p> <p>17 Q. Your department.</p> <p>18 A. Other detectives that respond to</p> <p>19 overdoses.</p> <p>20 Q. So the other six detectives?</p> <p>21 A. Yes.</p> <p>22 Q. Do you know whether they, like you,</p> <p>23 always put in prior drug history when they know</p> <p>24 it?</p> <p>25 A. I do not know.</p>	<p style="text-align: right;">Page 77</p> <p>1 know it?</p> <p>2 A. I can't speak for other detectives,</p> <p>3 sir.</p> <p>4 - - - - -</p> <p>5 (Thereupon, Moran Deposition Exhibit</p> <p>6 2, Spreadsheet, was marked for</p> <p>7 purposes of identification.)</p> <p>8 - - - - -</p> <p>9 (Thereupon, Moran Deposition Exhibit</p> <p>10 3, Spreadsheet, was marked for</p> <p>11 purposes of identification.)</p> <p>12 - - - - -</p> <p>13 Q. I'm handing you, Mr. Moran, two</p> <p>14 documents. Exhibit 2 requires very good</p> <p>15 eyesight. It's a multi-page document that was</p> <p>16 also produced natively, and, again, I don't know</p> <p>17 what that means. Exhibit 3 is a blow-up of some</p> <p>18 of those items so that we can discuss them</p> <p>19 without squinting.</p> <p>20 A. Yeah. I can't see Exhibit 2.</p> <p>21 Q. Here's Exhibit 3. This will be</p> <p>22 easier to read.</p> <p>23 A. Okay. That's a little bit better.</p> <p>24 Q. Okay. So I can represent to you</p> <p>25 that Exhibit 3 is, in fact, just -- I don't know</p>

<p style="text-align: right;">Page 78</p> <p>1 about this end. Well, I'd like to know what I 2 have. 3 MR. ROMAN: I'm sorry. Can I get 4 the Exhibit 3 back from -- can I just get the 5 pages back? Thank you. 6 Q. How many pages do you have in 7 Exhibit 3, sir? 8 A. Five. 9 Q. Okay. And what does it say on the 10 first page, please? 11 A. Specifically where? 12 Q. Does it say "Create date" in the 13 upper left-hand corner? 14 A. It does. 15 Q. And then what does page 2 say? 16 A. "Incident state" in the upper 17 left-hand corner. 18 Q. What's the third page say? 19 A. "Paraphernalia seized." 20 Q. Okay. The fourth page? 21 A. "Number of prior naloxone doses." 22 Q. And the fifth page? 23 A. "EMS doses." 24 Q. Do you have all five of those pages? 25 MS. DEBROSSE ZIMMERMAN: I don't</p>	<p style="text-align: right;">Page 80</p> <p>1 numerous overdoses between there. So this 2 document doesn't look correct. 3 Q. Well, we pulled this directly from 4 Exhibit 2, so this is how it was printed out. 5 Let me ask -- so this is the database -- this is 6 a printout of the database, or at least one of 7 the databases about which you were just 8 testifying, correct? 9 A. I can't say that it is. I've never 10 printed it out. It has the data that we input, 11 but, you know, without knowing exactly where you 12 printed this from, I've never had -- I've never 13 had the need to print from Case Explorer, so I 14 don't know how it prints out. 15 Q. Let's go across the columns here and 16 see if this is the information that you input 17 when you put information into ODMAP or Case 18 Explorer. 19 Actually, let me go back for a 20 second. Do you input information into both 21 ODMAP and Case Explorer or do you just put it 22 into ODMAP and it gets transported into Case 23 Explorer? 24 A. You asked two questions, so are you 25 referring to now or previously?</p>
<p style="text-align: right;">Page 79</p> <p>1 have any. You took the only exhibit we had. 2 MR. ROMAN: Would you mind looking 3 on with the witness? These were just done last 4 night. 5 Q. Okay. So do you have Exhibits 2 and 6 3 in front of you, sir? 7 A. Yeah. I have 2 and 3. 8 Q. And do you recognize them? 9 A. I believe I do. 10 Q. What is Exhibit 2, please, sir? 11 A. Without a header, it appears to be 12 part of the ODMAP, Case Explorer, the printout 13 of -- 14 Q. Is it ODMAP, Case Explorer or both? 15 A. Without a header on here, sir, I'm 16 not really sure. You have to understand, 17 they're intertwined. The data that goes into 18 ODMAP comes into Case Explorer. Without a 19 header, I don't know what this is specifically 20 printed off of. It just has dates, names, case 21 numbers. It doesn't appear to really be correct 22 in the way it was even obtained. 23 Q. How so, sir? 24 A. Well, you're jumping from July 12th 25 of 2016 to November 6th of 2017. There are</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. Well, is your practice different? 2 A. Yes. 3 Q. Okay. Please tell me what you do. 4 A. We input into ODMAP, which populates 5 into Case Explorer. 6 Q. Okay. And originally you did it 7 into Case Explorer because it came first? 8 A. Correct. 9 Q. Okay. And now let's go through the 10 columns, and I think you'll find it much easier 11 if we go through Exhibit 3. 12 A. Yeah, definitely. 13 Q. So the first item is the "Create 14 date," correct? 15 A. Yes, sir. 16 Q. And what does that show? 17 A. Are you asking what it shows here or 18 what it is? 19 Q. Is that the date that you entered 20 the information? 21 A. Yes. 22 Q. And then "Create by" is the person 23 who entered the information? 24 A. Correct. 25 Q. And, for example, the first one was</p>

<p style="text-align: right;">Page 82</p> <p>1 entered by you --</p> <p>2 A. Yes, sir.</p> <p>3 Q. -- on November 6th of 2017, correct?</p> <p>4 A. Correct.</p> <p>5 Q. What does the "Case Number" refer</p> <p>6 to?</p> <p>7 A. That's the Cleveland Police incident</p> <p>8 number.</p> <p>9 Q. And the first number would be the</p> <p>10 year; is that correct?</p> <p>11 A. Yes, sir.</p> <p>12 Q. Okay. And then the six-digit figure</p> <p>13 after that, correct?</p> <p>14 A. They're not always six figures, but</p> <p>15 it's the case number, or it's the instant</p> <p>16 tracking number after that.</p> <p>17 Q. And fatal or non-fatal is pretty</p> <p>18 self-explanatory, correct?</p> <p>19 A. Correct.</p> <p>20 Q. "Incident date," that refers to the</p> <p>21 date where the actual overdose occurred; is that</p> <p>22 correct?</p> <p>23 A. Yeah. It looks like I had a typo</p> <p>24 there, but --</p> <p>25 Q. You got the year wrong?</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. And if it's a prescription drug</p> <p>2 overdose, that would also be reflected in this</p> <p>3 document, correct?</p> <p>4 A. Yes, sir.</p> <p>5 Q. Okay. Incident address is where the</p> <p>6 incident took place, correct?</p> <p>7 A. Correct.</p> <p>8 Q. And then the apartment numbers, if</p> <p>9 there's a specific apartment within that</p> <p>10 address, correct?</p> <p>11 A. Correct.</p> <p>12 Q. And then the city where it took</p> <p>13 place, correct?</p> <p>14 A. Correct.</p> <p>15 Q. And is that always Cleveland?</p> <p>16 A. No.</p> <p>17 Q. It could be surrounding suburbs?</p> <p>18 A. Depending on who else inputs. It's</p> <p>19 not just our database.</p> <p>20 Q. Okay. Sorry.</p> <p>21 And then the incident state,</p> <p>22 correct, the state where the incident took</p> <p>23 place?</p> <p>24 A. Yes, sir.</p> <p>25 Q. And the zip code associated with</p>
<p style="text-align: right;">Page 83</p> <p>1 A. Appears so, yes, sir.</p> <p>2 Q. Okay. And, by the way, this is --</p> <p>3 let's step back for a second.</p> <p>4 This is a database that shows opioid</p> <p>5 incidents, correct? These are instances where</p> <p>6 there's an overdose on an opioid, correct?</p> <p>7 A. Not necessarily.</p> <p>8 Q. What else would be included?</p> <p>9 A. It's an incident that we responded</p> <p>10 to.</p> <p>11 Q. Involving?</p> <p>12 A. We were -- involving an overdose.</p> <p>13 Q. So any drug overdose?</p> <p>14 A. If we're dispatched for a heroin</p> <p>15 overdose, the information is placed in.</p> <p>16 Q. So these are all -- these reflect</p> <p>17 instances where you were called in because it's</p> <p>18 a suspected heroin overdose; is that correct?</p> <p>19 A. Yes, sir.</p> <p>20 Q. But if you show up on the scene and</p> <p>21 you find out that it's -- I don't know -- a</p> <p>22 cocaine overdose, is it still reflected in this</p> <p>23 database?</p> <p>24 A. We will still input the data because</p> <p>25 we were dispatched out.</p>	<p style="text-align: right;">Page 85</p> <p>1 that address, correct?</p> <p>2 A. Yes, sir.</p> <p>3 Q. The county where it took place is</p> <p>4 the next column, correct?</p> <p>5 A. Correct.</p> <p>6 Q. And then next is incident latitude</p> <p>7 and longitude. When do you include that</p> <p>8 information?</p> <p>9 A. It automatically populates when you</p> <p>10 place the address in.</p> <p>11 Q. Okay. What is meant by business</p> <p>12 address?</p> <p>13 A. Whether or not the overdose occurred</p> <p>14 inside a public facility, McDonald's, Burger</p> <p>15 King, was it a business or residence.</p> <p>16 Q. Okay. When it says, "Packaging</p> <p>17 present," what does that refer to?</p> <p>18 A. Whether or not we recovered the</p> <p>19 drugs, the packaging the drugs came in.</p> <p>20 Q. So if someone, for example, had a</p> <p>21 prescription for oxycodone, and they had the</p> <p>22 container in which it came in at the scene, that</p> <p>23 would be reflected as a yes in this column?</p> <p>24 A. If it was recovered, yes.</p> <p>25 Q. Okay. And the drug seized, what</p>

<p style="text-align: right;">Page 86</p> <p>1 does that refer to?</p> <p>2 A. If we recover drugs.</p> <p>3 Q. Any drugs or just the drug that was</p> <p>4 believed to have caused the overdose?</p> <p>5 A. Any drugs.</p> <p>6 Q. Okay. Paraphernalia seized, does</p> <p>7 that refer to drug paraphernalia?</p> <p>8 A. Yes, sir.</p> <p>9 Q. And that's any drug paraphernalia</p> <p>10 seized at the crime, at the scene of the crime,</p> <p>11 at the scene of the overdose?</p> <p>12 A. Correct.</p> <p>13 Q. Victim sex is pretty obvious, and</p> <p>14 the same with race, correct?</p> <p>15 A. Correct.</p> <p>16 Q. And Naloxone administered, that</p> <p>17 means whether the person was given Narcan or</p> <p>18 not, correct?</p> <p>19 A. Correct.</p> <p>20 Q. And History of prior overdoses means</p> <p>21 whether the victim has overdosed before,</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. And Previously administered naloxone</p> <p>25 means whether or not the person has ever</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. And then EMS doses, same thing</p> <p>2 except for EMS?</p> <p>3 A. Yes, sir.</p> <p>4 Q. And other doses, does that refer to</p> <p>5 if someone privately administered Narcan?</p> <p>6 A. Yes, sir.</p> <p>7 Q. And then did naloxone work is a yes</p> <p>8 or no, correct?</p> <p>9 A. Correct.</p> <p>10 Q. Or an unknown.</p> <p>11 And then time was how long it took</p> <p>12 between the time it was administered for it to</p> <p>13 work and the time it did or did not work; is</p> <p>14 that correct?</p> <p>15 A. Correct.</p> <p>16 Q. And then whether or not -- the next</p> <p>17 column is whether or not the victim was taken to</p> <p>18 the hospital, correct?</p> <p>19 A. Correct.</p> <p>20 Q. Drug name 1, what's under that?</p> <p>21 A. If we believe it was -- whether</p> <p>22 heroin or fentanyl, based off of questioning.</p> <p>23 Q. Or whatever other drug caused the</p> <p>24 overdose, correct?</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 87</p> <p>1 received Narcan before, correct?</p> <p>2 A. If it's known, correct.</p> <p>3 Q. Somebody would have to tell you</p> <p>4 that?</p> <p>5 A. Right.</p> <p>6 Q. Same with the next column, which is</p> <p>7 Number of prior naloxone doses, correct?</p> <p>8 A. Correct.</p> <p>9 Q. Victim residential city, is that</p> <p>10 where the victim lives?</p> <p>11 A. Yes.</p> <p>12 Q. And same with residential state and</p> <p>13 zip.</p> <p>14 A. Yes.</p> <p>15 Q. And county?</p> <p>16 A. Correct.</p> <p>17 Q. What does LE doses refer to?</p> <p>18 A. Law enforcement doses.</p> <p>19 Q. What does that mean?</p> <p>20 A. If law enforcement administered</p> <p>21 Narcan.</p> <p>22 Q. And fire department doses means</p> <p>23 whether the fire -- the fire department</p> <p>24 administered Narcan?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 89</p> <p>1 Q. So drug name 1 is the drug that you</p> <p>2 believe to be primarily responsible for the</p> <p>3 overdose, correct?</p> <p>4 A. Yes, sir.</p> <p>5 Q. And drug name 2 means that there's</p> <p>6 another drug that you believe might have been</p> <p>7 involved in the overdose, correct?</p> <p>8 A. No.</p> <p>9 Q. What does drug name 2 mean?</p> <p>10 A. Not necessarily involved in the</p> <p>11 overdose, but if they had used other drugs that</p> <p>12 day.</p> <p>13 Q. Okay. And that's -- and you would</p> <p>14 record that in this column?</p> <p>15 A. Yes.</p> <p>16 Q. And it would be drugs taken that</p> <p>17 day?</p> <p>18 A. Yes.</p> <p>19 Q. Meaning the past 24 hours or --</p> <p>20 A. Few hours leading up to, if they</p> <p>21 were drinking.</p> <p>22 Q. And how about other drugs?</p> <p>23 A. If there was another drug on top of</p> <p>24 that. There's multiple columns.</p> <p>25 Q. And how would you get the</p>

<p style="text-align: right;">Page 90</p> <p>1 information for drug name 2 and other drugs?</p> <p>2 A. Based on the interview with the</p> <p>3 victim.</p> <p>4 Q. And so it's your practice, if the</p> <p>5 victim had said, "Yes, I started on prescription</p> <p>6 opioids," you would make a note of that in this</p> <p>7 database, correct?</p> <p>8 A. Not on this page, no.</p> <p>9 Q. What page would you do that on?</p> <p>10 A. It would be in the narrative.</p> <p>11 Q. And where is the narrative?</p> <p>12 A. Not on this form.</p> <p>13 MR. ROMAN: Can we go off the record</p> <p>14 for a second, please?</p> <p>15 (Discussion had off the record.)</p> <p>16 MR. ROMAN: We're back on the</p> <p>17 record.</p> <p>18 BY MR. ROMAN:</p> <p>19 Q. Mr. Moran, you had indicated before</p> <p>20 -- we were talking that -- we were going back</p> <p>21 and forth -- that you didn't know what was the</p> <p>22 title of this document. We've gone back into</p> <p>23 the metadata, which, again, is something that</p> <p>24 everybody else in this room understands except</p> <p>25 for me, and it says, "Law department request" --</p>	<p style="text-align: right;">Page 92</p> <p>1 time. Again, what has been produced with regard</p> <p>2 to Detective Moran has been responsive,</p> <p>3 non-privileged documents, and, you know, if you</p> <p>4 want to send a letter, we can duke it out at a</p> <p>5 later time, that's fine, but that's the extent</p> <p>6 of my statement on the issue.</p> <p>7 MR. ROMAN: We will do that and we</p> <p>8 will hold this deposition open.</p> <p>9 Q. Apparently there's another name for</p> <p>10 this document, Mr. Moran. Maybe this will help.</p> <p>11 It says, "CPD HIDTA Example Report - CWRU.xlsx.</p> <p>12 Does that help you at all?</p> <p>13 A. No.</p> <p>14 Q. Before there was Case Explorer and</p> <p>15 before there was ODMAP, did you keep records of</p> <p>16 the information that's set forth in Exhibits 2</p> <p>17 and 3?</p> <p>18 A. Give me one second.</p> <p>19 Explain what you mean by keeping</p> <p>20 records.</p> <p>21 Q. Well, you -- you testified earlier</p> <p>22 that you started investigating heroin deaths in</p> <p>23 2013, correct?</p> <p>24 A. Yes, sir.</p> <p>25 Q. And did you make a record of what</p>
<p style="text-align: right;">Page 91</p> <p>1 I'm sorry. It says -- strike that. It says,</p> <p>2 "Cleveland Police Department law department</p> <p>3 request 2.0.xls." Does that help you at all</p> <p>4 identify what document this is?</p> <p>5 A. No.</p> <p>6 Q. We understand from, when we took a</p> <p>7 break, that counsel for the city was going to go</p> <p>8 and look to see whether or not the narrative has</p> <p>9 been produced. They've confirmed that the</p> <p>10 narrative has not been produced and that --</p> <p>11 MS. DEBROSSE ZIMMERMAN: Counselor,</p> <p>12 that's not accurate. I have not confirmed that</p> <p>13 the narrative has been -- has not been produced.</p> <p>14 What I stated on the break was that we've</p> <p>15 produced all responsive documents that have not</p> <p>16 been withheld due to the law enforcement</p> <p>17 privilege as it relates to the documents that</p> <p>18 you were discussing with the deponent before we</p> <p>19 took a break.</p> <p>20 MR. ROMAN: So, to be clear, it is</p> <p>21 the city's position that the narrative to which</p> <p>22 Mr. Moran has testified is subject to a law</p> <p>23 enforcement privilege?</p> <p>24 MS. DEBROSSE ZIMMERMAN: I'm not</p> <p>25 taking that position at that time -- at this</p>	<p style="text-align: right;">Page 93</p> <p>1 you did when you investigated those -- those</p> <p>2 overdoses in 2013 and 2014, before there was</p> <p>3 Case Explorer, before there was ODMAP?</p> <p>4 A. Yes.</p> <p>5 Q. And where did you record that</p> <p>6 information?</p> <p>7 A. If it was a prosecutable case, it</p> <p>8 would have been with the information to</p> <p>9 prosecute, being a Form 1, arrest reports. It's</p> <p>10 also documented in Cleveland Police LERMs</p> <p>11 reports, which we can search at any time.</p> <p>12 Q. Did you attempt to compile the</p> <p>13 information in any kind of comprehensive format</p> <p>14 before there was Case Explorer and before there</p> <p>15 was ODMAP?</p> <p>16 A. Yes and no.</p> <p>17 Q. How yes and how no?</p> <p>18 A. Yes, meaning we provided information</p> <p>19 to scenes we responded to, no meaning the</p> <p>20 information -- I don't think you understand what</p> <p>21 this is, honestly. This is something that we</p> <p>22 share with other departments. So no, we were</p> <p>23 not able to have a database that was being</p> <p>24 shared with other departments; however, we did</p> <p>25 keep track of what we responded to.</p>

<p style="text-align: right;">Page 94</p> <p>1 Q. Okay. So the Cleveland Police 2 Department internally kept records like this 3 that just weren't available to be shared with 4 other police organizations; is that right? 5 A. No. 6 Q. What am I missing? 7 A. You said, "Like this." 8 Q. So what were you -- how did you 9 compile this information? I don't care whether 10 it's shared or not shared, but anywhere at all 11 did you compile the information that's contained 12 in Exhibits 2 and 3 before there was case map -- 13 Case Explorer and before there was ODMAP? 14 A. Again, yes and no. 15 Q. Please explain. 16 A. This information has naloxone 17 information in it, it has other information in 18 it. When we first started doing these, we 19 compiled scenes that we responded to. It just 20 wasn't this comprehensive on exactly this 21 information. 22 Q. Okay. And where did you compile 23 that information? 24 A. We provided it to -- I believe we 25 had like a flow chart type thing in our unit.</p>	<p style="text-align: right;">Page 96</p> <p>1 name for it. I mean, we log everything that we 2 respond to, so it's HIDTA response sheet or 3 something. I'm not sure what the exact name is. 4 Q. HIDTA response sheet? 5 A. I don't know what it's actually 6 titled, but we would log -- I wasn't responsible 7 for logging the information. 8 Q. You would provide the information? 9 A. I would provide the information to 10 be logged, yes, sir. 11 Q. Was it logged electronically or in 12 paper files? 13 A. There are paper files, but they're 14 kept -- they're kept on a computer, I assume. I 15 shouldn't assume, but it's a running tally of 16 what we responded to. 17 Q. So there's a database that has this 18 information? 19 A. I wouldn't say it's a database. 20 It's a cover sheet for what we respond to that 21 we handled prior to this. And we still provide 22 that information. We keep a running chart of 23 what we respond to. 24 Q. And was this -- I'm sorry. Just to 25 be clear, was this HIDTA or was this the High</p>
<p style="text-align: right;">Page 95</p> <p>1 Q. Is there a name for this document? 2 A. I don't recall if there was a name 3 for it. We provided it -- we provided 4 information to the personal commander's office 5 that would log what we responded to. 6 Q. Do you know where this document is 7 now? 8 A. I have not seen it. I do not know. 9 Q. If you had to find it, where would 10 you look for it? 11 A. Where would I look for it? 12 Q. Yes. 13 A. In this room or generally? 14 Q. Generally. 15 A. My office. 16 Q. You believe you have it in your 17 office? 18 A. I don't have it, but it's in the 19 office, yes. 20 Q. It is in the office? 21 A. Yes. 22 Q. And if I were to ask counsel in a 23 letter to get this document, what would you call 24 it? 25 A. I don't know if she has an exact</p>	<p style="text-align: right;">Page 97</p> <p>1 Intensity Drug Trafficking Area, HIDTA? 2 A. I don't understand your question. 3 Was what? 4 Q. You called this a HIDTA document. 5 A. I said HIDI. It's a HIDI document. 6 Q. H-I-D-I? 7 A. Let me -- explain your question 8 because I'm a little lost on what you're asking. 9 Q. What's the acronym you're trying to 10 say? Is it H-I-D-I? 11 A. Referring to what? 12 Q. The document that we've been talking 13 about for the last three minutes. 14 A. This one right here or the other one 15 (indicating)? 16 Q. The other one, the older one. 17 A. That was one of our documents, HIDI. 18 Q. HIDI? 19 A. Yes, sir. 20 Q. Thank you. 21 Now, going to Exhibits 2 and 3 here, 22 where we talk about drug name 1, drug name 2 and 23 other drugs, how would you determine what those 24 drugs were? 25 A. Through the interview and our</p>

<p style="text-align: right;">Page 98</p> <p>1 experience.</p> <p>2 Q. Did you ever send them to be tested?</p> <p>3 A. There were no drugs to be tested.</p> <p>4 This is what someone ingested.</p> <p>5 Q. I understand that, but if you</p> <p>6 found -- so -- well, first of all, did you do a</p> <p>7 toxicology report of the person who overdosed?</p> <p>8 A. I'm not a doctor, sir.</p> <p>9 Q. Did you ask for a medical examiner</p> <p>10 or someone to do or a doctor to do, to examine</p> <p>11 what drugs were found -- were in the overdose</p> <p>12 victim's body?</p> <p>13 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>14 form.</p> <p>15 A. I didn't.</p> <p>16 Q. Do you know if anybody did?</p> <p>17 A. I did not request one.</p> <p>18 Q. Okay. And if you saw at the scene</p> <p>19 some unused heroin, would that be something you</p> <p>20 would report?</p> <p>21 A. It's my duty to collect drugs, so</p> <p>22 yes, sir.</p> <p>23 Q. Okay. So, I mean, when you -- let's</p> <p>24 say you show up and you just have a body -- you</p> <p>25 know, a fatal overdose, and there's no one there</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. I was talking about both, but I'll</p> <p>2 be more specific. I'm sorry.</p> <p>3 In the case of a fatal overdose,</p> <p>4 there's always a toxicology report done?</p> <p>5 A. Can we back up then on your first</p> <p>6 question?</p> <p>7 Q. Sure.</p> <p>8 A. When you asked about toxicology</p> <p>9 report on the first question, I was under the</p> <p>10 assumption you were referring to a non-fatal at</p> <p>11 a hospital. If you're referring to a toxicology</p> <p>12 report on a decedent, the Cuyahoga County</p> <p>13 Medical Examiner's Office conducts that.</p> <p>14 Q. And that's done in every case?</p> <p>15 A. Every case an autopsy is done, yes.</p> <p>16 Yes, sir.</p> <p>17 Q. Okay. So in the case here, where</p> <p>18 there is a fatal overdose, is the drug name</p> <p>19 recorded on the basis of what you suspect when</p> <p>20 you arrive or on the results of a toxicology</p> <p>21 report?</p> <p>22 A. It's what we suspected when we</p> <p>23 arrived.</p> <p>24 Q. And what happens if it later turns</p> <p>25 out you're wrong? Is that changed in this</p>
<p style="text-align: right;">Page 99</p> <p>1 and there are no drugs around. How would you</p> <p>2 make a determination as to what drug was</p> <p>3 involved?</p> <p>4 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>5 form.</p> <p>6 A. It's a hypothetical situation.</p> <p>7 Q. Right. What would you do in that</p> <p>8 circumstance?</p> <p>9 A. I can't speak in a hypothetical</p> <p>10 situation. I can speak on the bodies I've gone</p> <p>11 to and what we've done on those, if you want</p> <p>12 something specific.</p> <p>13 Q. Please.</p> <p>14 A. What's your question again, though?</p> <p>15 Q. If there's nobody there to tell you</p> <p>16 what drug was used, how do you determine what</p> <p>17 drug was used?</p> <p>18 A. I don't determine. The medical</p> <p>19 examiner's office determines.</p> <p>20 Q. That's what I was asking before. So</p> <p>21 you do send it off -- somebody sends it off for</p> <p>22 a toxicology report to find out what drugs were</p> <p>23 in the decedent's body, correct?</p> <p>24 A. You weren't talking about a decedent</p> <p>25 earlier.</p>	<p style="text-align: right;">Page 101</p> <p>1 report or not?</p> <p>2 A. It is not.</p> <p>3 Q. Okay. And then in the case of a</p> <p>4 non-fatal overdose, that information is based</p> <p>5 solely on what you learned from -- what either</p> <p>6 the person tells you who overdosed or what the</p> <p>7 other people in the -- who know him or her</p> <p>8 report to you?</p> <p>9 A. Not necessarily.</p> <p>10 Q. How else do you determine it?</p> <p>11 A. I got a lot of drug experience. We</p> <p>12 conduct a lot of interviews. We kind of know</p> <p>13 some of the texture of what fentanyl compared --</p> <p>14 is as opposed to heroin.</p> <p>15 Q. What do you mean, "the texture"?</p> <p>16 A. What it looks like.</p> <p>17 Q. But if -- so if there's some</p> <p>18 remaining heroin or remaining fentanyl in the</p> <p>19 place where you find the victim, that leads to</p> <p>20 your conclusion?</p> <p>21 A. Not necessarily.</p> <p>22 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>23 form.</p> <p>24 Q. Is it the way the person looks or</p> <p>25 acts? I'm trying to figure out on what do -- in</p>

<p style="text-align: right;">Page 102</p> <p>1 the case of a non-fatal overdose, on what 2 information do you base the information that you 3 put under drug name 1? 4 A. The interview. 5 Q. The interview? 6 A. Yes, sir. 7 Q. Either with the person or with the 8 persons who he was with, correct? 9 A. With the person. 10 Q. With the person only? 11 A. I wouldn't say only. Sometimes 12 there's other people around that we interview. 13 Q. So it's all self-reported 14 information. So whatever that person tells you, 15 even if it's untrue, that's what's recorded 16 under drug name 1? 17 MS. DEBROSSE ZIMMERMAN: Object to 18 form. 19 A. It's what is suspected. 20 Q. So you also use your experience? 21 A. Yes, sir. 22 Q. And what -- do you ever find out 23 after the fact that you're wrong, that your 24 initial -- that you thought it was heroin and it 25 turns out to be oxycodone or something like</p>	<p style="text-align: right;">Page 104</p> <p>1 1, that's your belief as to the drug involved, 2 correct? 3 A. You said two things there. First 4 you said conclusive and then you said tentative. 5 Which one are we referring to? 6 Q. When you enter drug name 1 based on 7 your investigation, both fatal and non-fatal, 8 since 2015, the drugs that you put down in that 9 spot are, overwhelmingly, heroin, fentanyl or 10 carfentanil, correct? 11 A. That is suspected to cause the 12 death? 13 Q. Yes. 14 A. Yes. 15 Q. Okay. Can you estimate how often 16 you've put in drug name 1, either prescription 17 opioids that have been lawfully prescribed or 18 illicit prescription opioids, how often you've 19 done that? 20 MS. DEBROSSE ZIMMERMAN: Object to 21 form. 22 A. You had two parts in your question. 23 I don't quite -- you referred to illicit and 24 lawful. 25 Q. Well, let me break this down.</p>
<p style="text-align: right;">Page 103</p> <p>1 that? Do you change it if you find out -- if 2 you get subsequent information that changes your 3 conclusion? 4 A. What are you referring to, non-fatal 5 or fatal? 6 Q. Non-fatal. 7 A. It's not changed, no. 8 Q. Okay. I gather you would agree 9 that -- and this is both for fatal and for 10 non-fatal, okay -- that the drugs that you find 11 most often in overdose scenes overwhelmingly are 12 either heroin, fentanyl or carfentanil, correct? 13 MS. DEBROSSE ZIMMERMAN: Object to 14 form. 15 A. I don't understand your question. 16 Q. Well, you respond to these overdose 17 scenes, right? 18 A. Yes. 19 Q. And you make conclusions as to the 20 drug involved that caused the overdose, correct? 21 A. Conclusion is finality. We put what 22 we suspect. 23 Q. Okay. So you make a conclusion, 24 whether it's final or tentative or whatever. 25 You put that in there. When you enter drug name</p>	<p style="text-align: right;">Page 105</p> <p>1 So for purposes of this examination, 2 let's think about four categories of drugs. You 3 can push back if you don't agree with this. One 4 are non-opioids, just -- you would agree, for 5 example, that cocaine is a non-opioid, correct? 6 A. Yes, sir. 7 Q. Okay. Then you have illegal 8 opioids. Heroin would be an illegal opioid, 9 correct? 10 A. Heroin is an illegal opioid, 11 correct, yes, sir. 12 Q. You would also put -- I know that 13 you can get prescriptions for fentanyl, but what 14 I'm talking about is illicit fentanyl. Do you 15 understand that? 16 A. Yes. 17 Q. And that's when you have fentanyl, 18 it's almost always illicit fentanyl as opposed 19 to prescribed fentanyl, is it not? 20 MS. DEBROSSE ZIMMERMAN: Object to 21 form. 22 A. Fentanyl is involved. I mean, yes. 23 Q. But it's an illegal drug when you 24 find it, correct? 25 A. Not all the time.</p>

<p style="text-align: right;">Page 106</p> <p>1 Q. Do you have any sense of how often 2 you find prescribed fentanyl? 3 A. Not a lot, but -- it's not always 4 illegal. 5 Q. So that's category 2. So you have 6 opioids, non-opioids, then you have prescription 7 drugs, prescription opioids. 8 A. Okay. 9 Q. And lawful prescription opioids, 10 which, you know, Percocet can be prescribed, 11 it's an opioid, correct? 12 A. It's a prescribed -- it's 13 prescribed. It could be prescribed, sure. 14 Q. And then the fourth category would 15 be illicit or diverted prescription drugs. Do 16 you understand that? For example, somebody 17 steals someone's pills. Do you understand that 18 as a fourth category? 19 A. Yes. 20 Q. So what I'm asking now is, in these 21 cases where you have responded to overdoses, how 22 often do you find drugs that are in categories 23 three and four, prescription -- lawful 24 prescription opioids or illicit or diverted 25 prescription opioids?</p>	<p style="text-align: right;">Page 108</p> <p>1 count. I can't see the print, though. 2 Q. We've done that exercise. Does that 3 surprise you that there's such a small number? 4 MS. DEBROSSE ZIMMERMAN: Object to 5 form. 6 A. I don't quite -- in what column? 7 What are you referring to? 8 Q. Drug name 1, drug name 2 and other 9 drugs. 10 A. Okay. 11 Q. That out of 2,638 incidents, you 12 either have the words "prescription drug" or the 13 name of the prescription drug entered only 73 14 times. 15 A. See, that's -- I'll agree in this 16 document -- you have to understand how our unit 17 works and how the department works. 18 Q. Please explain. 19 A. We respond to what we originally 20 believe to be a heroin overdose and maybe 21 through the course we find out it's prescription 22 drugs; however, there are prescription overdoses 23 on the streets that we're not necessarily 24 dispatched to, so there are some that could have 25 been missed because we're going to</p>
<p style="text-align: right;">Page 107</p> <p>1 MS. DEBROSSE ZIMMERMAN: Object to 2 form. 3 A. You keep saying "lawful," which I'm 4 assuming you mean prescribed. It can be a 5 prescribed Percocet being used illegally or 6 being used improperly, so I'm a little confused 7 on your lawful comment. 8 Q. Let's take everything else out. How 9 often do you find prescription opioids when you 10 go to overdose -- when you go to an overdose 11 scene? 12 A. I don't have a percentage on that. 13 Q. Less than half, isn't it? 14 A. I don't have a percentage on that. 15 Q. Okay. If I represented to you that 16 on the spreadsheet -- and I know we don't have 17 the narrative, but that there are 2,638 18 incidents. That's why the lettering is so 19 small. If I represent to you that of those 20 2,638 incidents, 73 had either the term 21 "prescription drug" with the name of a 22 prescription drug entered in the drug name or 23 other drugs columns, would you have any reason 24 to doubt that? 25 A. I'd have to review the document and</p>	<p style="text-align: right;">Page 109</p> <p>1 heroin/fentanyl overdoses. So out of what we 2 responded to, maybe through the course of the 3 interview we determined 73 were pill overdoses. 4 That doesn't mean that's all the pill overdoses 5 in the city of Cleveland. 6 Q. You never -- strike that. 7 You would agree, would you not, that 8 there are overdose victims who have never used a 9 legal or diverted or illicit prescription 10 opioid, would you not? 11 MS. DEBROSSE ZIMMERMAN: Object to 12 form. 13 A. I don't know. 14 Q. You believe it's possible that 15 everyone who has overdosed on heroin or fentanyl 16 or whatever has started off using -- or at one 17 time used a prescription opioid; is that your 18 testimony? 19 A. You're saying prescription. Again, 20 I don't know who has dabbled in what. 21 Q. But you believe it's possible that 22 everyone out there who has ever overdosed on an 23 opioid has at one time taken a prescription 24 opioid? 25 MS. DEBROSSE ZIMMERMAN: Object to</p>

<p style="text-align: right;">Page 110</p> <p>1 form.</p> <p>2 A. It's hypothetical. I don't know. I</p> <p>3 can't speak for every single person.</p> <p>4 Q. You testified earlier that you've --</p> <p>5 that you talked to people about their drug</p> <p>6 histories. In doing these drug histories, is it</p> <p>7 your testimony that every one of them has told</p> <p>8 you that they have either started out on</p> <p>9 prescription opioids or at some point used</p> <p>10 prescription opioids?</p> <p>11 A. You have two questions there.</p> <p>12 Q. I don't believe I do.</p> <p>13 A. You do. You said prescription or</p> <p>14 used. They're two different categories.</p> <p>15 Q. Okay. Well, let me simplify it.</p> <p>16 You've taken all these drug</p> <p>17 histories, right? That's correct, right?</p> <p>18 A. We've interviewed who speaks to us,</p> <p>19 yes.</p> <p>20 Q. Has every time that you've done one</p> <p>21 of these drug histories, has the person said,</p> <p>22 "Yes, at one point I used prescription opioids"?</p> <p>23 A. Not every time, no.</p> <p>24 Q. Okay. Do you know what percent of</p> <p>25 those did not say that they had ever taken a</p>	<p style="text-align: right;">Page 112</p> <p>1 A. I have.</p> <p>2 Q. What is Exhibit 39? I'm sorry.</p> <p>3 Exhibit 4.</p> <p>4 A. It's a search warrant to install a</p> <p>5 GPS tracking device on a suspect's vehicle.</p> <p>6 Q. Now, this is not signed either by</p> <p>7 the judge nor is the affidavit signed by you.</p> <p>8 Do you see that?</p> <p>9 A. I do.</p> <p>10 Q. Do you know why that is?</p> <p>11 A. Because this was -- yes.</p> <p>12 Q. Why is that?</p> <p>13 A. This was on my jump drive that was</p> <p>14 printed and then taken to a judge to get signed.</p> <p>15 Q. This is the application for a search</p> <p>16 warrant as you presented it to the court?</p> <p>17 A. Yes.</p> <p>18 Q. And you did so in or around</p> <p>19 September of 2014, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And you did so in the ordinary</p> <p>22 course of business, correct?</p> <p>23 A. I'm sorry?</p> <p>24 Q. You did this in the ordinary course</p> <p>25 of business as part of your job?</p>
<p style="text-align: right;">Page 111</p> <p>1 prescription opioid?</p> <p>2 A. I don't know percentages. I don't</p> <p>3 know.</p> <p>4 Q. Do you know whether it's more than</p> <p>5 half or not?</p> <p>6 A. I don't know percentages.</p> <p>7 Q. I gather you would agree that</p> <p>8 non-prescription opioids, including heroin,</p> <p>9 fentanyl and carfentanil, are key contributors</p> <p>10 to the opioid epidemic in Cleveland?</p> <p>11 A. We have a lot of bodies daily, and</p> <p>12 they are heroin/fentanyl overdoses.</p> <p>13 - - - - -</p> <p>14 (Thereupon, Moran Deposition Exhibit</p> <p>15 4, Court of Common Pleas Criminal</p> <p>16 Division Search Warrant Beginning</p> <p>17 Bates Number CLEVE_002250088, was</p> <p>18 marked for purposes of</p> <p>19 identification.)</p> <p>20 - - - - -</p> <p>21 Q. Mr. Moran, I'm handing you what's</p> <p>22 been marked as Moran Exhibit 4. It's a</p> <p>23 multi-page document bearing production numbers</p> <p>24 CLEVE 2250088 through 96.</p> <p>25 Have you seen this document before?</p>	<p style="text-align: right;">Page 113</p> <p>1 A. It's never ordinary. It's part of</p> <p>2 my job, yeah.</p> <p>3 Q. But asking for -- applying for</p> <p>4 search warrants is something that you routinely</p> <p>5 do, correct?</p> <p>6 A. Yes.</p> <p>7 Q. Now, this request for a search</p> <p>8 warrant was in connection with a heroin</p> <p>9 overdose, correct?</p> <p>10 A. It was involving a case we were</p> <p>11 investigating. Without looking at the case, I</p> <p>12 can't recall if it was a heroin or a fentanyl</p> <p>13 overdose, but it was involved to a fatality that</p> <p>14 we responded to.</p> <p>15 Q. Do you know whether this case</p> <p>16 involved -- whether the decedent in this case</p> <p>17 had ever used prescription opioids?</p> <p>18 A. I wasn't able to talk to him. He</p> <p>19 died.</p> <p>20 Q. Did you ever find out any evidence</p> <p>21 about whether or not the person had started, you</p> <p>22 know -- if not from the decedent obviously, but</p> <p>23 from others, whether or not the person started</p> <p>24 with prescription opioids or at any point used</p> <p>25 prescription opioids?</p>

<p style="text-align: right;">Page 114</p> <p>1 A. In this case, no.</p> <p>2 Q. How many search warrants do you</p> <p>3 think you've applied for since 2013?</p> <p>4 A. I don't know. I don't keep track.</p> <p>5 I don't keep a running tally. It's case -- if</p> <p>6 the case calls for it.</p> <p>7 Q. Do you do one a week, do you think?</p> <p>8 A. Again, I mean, you can't put</p> <p>9 averages on it. It's case by case.</p> <p>10 Q. In this case your -- in connection</p> <p>11 with this deposition, your custodian -- your</p> <p>12 files were produced, and we found in that</p> <p>13 production, in your files, 241 search warrants.</p> <p>14 A. Okay.</p> <p>15 Q. Does that seem about right?</p> <p>16 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>17 form.</p> <p>18 Q. Or does that seem low?</p> <p>19 A. What type of search warrants are you</p> <p>20 referring to?</p> <p>21 Q. Ones like Exhibit 4.</p> <p>22 A. Well, that would be high because</p> <p>23 this is a GPS warrant.</p> <p>24 Q. I don't know the precise nature of</p> <p>25 the relief sought in all 241, but that's why I'm</p>	<p style="text-align: right;">Page 116</p> <p>1 Q. Is it Detective Patena who works</p> <p>2 diversion cases?</p> <p>3 A. She's one of the detectives.</p> <p>4 Q. Who are the others?</p> <p>5 A. Detective John Prince.</p> <p>6 Q. How do you know at the outset</p> <p>7 whether or not a case is a diversion case?</p> <p>8 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>9 form.</p> <p>10 A. What case are you referring to?</p> <p>11 Q. Well, you say you don't work</p> <p>12 diversion cases, but you have a report of an</p> <p>13 overdose. How do you know it's not a diversion</p> <p>14 case as opposed to, you know, a heroin overdose?</p> <p>15 A. Are you referring to the seven</p> <p>16 search warrants? Are you referring to a</p> <p>17 fatality that we're responding to?</p> <p>18 Q. In general. You've drawn a line</p> <p>19 between diversion cases and non-diversion cases,</p> <p>20 and I'm trying to figure out -- you get a call.</p> <p>21 There's, you know, a body in an apartment. How</p> <p>22 do you know whether it's a diversion case or not</p> <p>23 when you get the call?</p> <p>24 A. When we initially get the call, we</p> <p>25 don't know. That's why we investigate.</p>
<p style="text-align: right;">Page 115</p> <p>1 trying to figure out how many search warrants</p> <p>2 you've sought.</p> <p>3 A. There's different types of search</p> <p>4 warrants. I'm not sure if you're referring to</p> <p>5 house search warrants, computer search warrants.</p> <p>6 Q. All search warrants.</p> <p>7 A. I don't know. I mean, that seems</p> <p>8 probably a little low.</p> <p>9 Q. Where do you maintain these search</p> <p>10 warrants?</p> <p>11 A. On my jump drive.</p> <p>12 Q. Do you know whether or not that was</p> <p>13 searched?</p> <p>14 A. Searched?</p> <p>15 Q. Yes.</p> <p>16 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>17 form.</p> <p>18 Q. Do you know whether that drive was</p> <p>19 produced to counsel to be produced to us?</p> <p>20 A. It was.</p> <p>21 Q. If I represented to you that of the</p> <p>22 241 search warrants that we found, only seven</p> <p>23 mentioned prescription opioids, would that</p> <p>24 surprise you?</p> <p>25 A. I don't work diversion cases, so --</p>	<p style="text-align: right;">Page 117</p> <p>1 Q. If there was a case of -- if you</p> <p>2 investigate, wouldn't you -- how often do you</p> <p>3 find that it's a case of diversion? Strike</p> <p>4 that.</p> <p>5 Are there times when you show up --</p> <p>6 you're called to the scene, you show up and you</p> <p>7 find, as a result of the investigation, that</p> <p>8 there are diverted prescription opioids</p> <p>9 involved? Has that ever happened to you?</p> <p>10 A. I can't say that it has or hasn't.</p> <p>11 I don't think you understand the dynamics of</p> <p>12 what we do daily.</p> <p>13 Q. Please explain it to me.</p> <p>14 A. I investigate deaths. I try to link</p> <p>15 a drug dealer to that death. If I have an</p> <p>16 active lead, we pursue that case. There are</p> <p>17 some cases that we do not have active leads on;</p> <p>18 therefore, I may not request toxicology or</p> <p>19 whatnot. So I can't adequately answer that</p> <p>20 because there could be, but my job is to go</p> <p>21 after cases that we have solid leads on.</p> <p>22 Q. I understand that, but let's say you</p> <p>23 go, and, again, there's a dead body and you</p> <p>24 either see there's a container of Vicodin or</p> <p>25 whatever, or you do a toxicology report and you</p>

<p style="text-align: right;">Page 118</p> <p>1 find out it's Vicodin and you conclude that's a 2 diverted prescription opioid. Who investigates 3 that and how do you determine -- do you just 4 hand that over to Detective Patena or what 5 happens? 6 MS. DEBROSSE ZIMMERMAN: Object to 7 form. 8 A. Again, if I have a solid lead, 9 that's the case we pursue. So if there's a case 10 that's -- I would not have personally got the 11 toxicology report because we're going after the 12 active cases where we have the leads on. These 13 cases are very time consuming and extremely 14 difficult to prosecute. 15 Q. Do you ever get leads that direct 16 you to a supplier of diverted prescription 17 opioids? 18 A. In the cases that I've brought to 19 trial, no. 20 Q. How about in the ordinary course 21 before you even get to trial; does that ever 22 happen? 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 A. When you say "ordinary course," what</p>	<p style="text-align: right;">Page 120</p> <p>1 active lead, we're not necessarily looking at 2 that. So I can't answer that question. I'm 3 answering it what we do, and I don't think you 4 have any clue what we do. 5 Q. That may be the case, but let me ask 6 you this question: Sitting here today, can you 7 name a single case that you investigated that 8 you found that the cause of the overdose was a 9 diverted prescription opioid? 10 MS. DEBROSSE ZIMMERMAN: Object to 11 form. 12 He's asked and answered. You've 13 asked that question many times and he's answered 14 that question many times. 15 Q. You may answer. 16 A. Again, you have to understand what 17 we do. We take a body, which I've gone to 800. 18 If we see a lead, we act on that lead 19 immediately to get drugs off the streets. If we 20 have a lead that we don't know necessarily what 21 caused it, we do get toxicology reports back, it 22 goes to the ME's office, but that's not a 23 case -- I'm going after the cases with active 24 evidence that I can pursue. You have to 25 understand the dynamics of what we do.</p>
<p style="text-align: right;">Page 119</p> <p>1 do you mean? 2 Q. I mean, have you ever followed up a 3 lead and found out that the source of what 4 caused the overdose was a diverted prescription 5 opioid? 6 A. It wasn't the case that we went 7 after a dealer on, so I can't -- I don't know. 8 Q. So at no point have you ever 9 encountered diverted prescription opioids in the 10 course of your work? 11 A. I'm not saying at no point. We go 12 after the cases that we have solid leads on. I 13 don't think you're understanding that. If it's 14 a case that we don't have certain investigative 15 things that we need, then we can't adequately 16 prosecute. 17 Q. I'm saying have you never had a 18 solid lead in a case involving diverted 19 prescription opioids? 20 MS. DEBROSSE ZIMMERMAN: Object to 21 form. 22 A. I've answered this a couple times. 23 I don't know. I go after the cases that we see 24 active evidence that we can prosecute. If 25 someone passed away on -- and we don't have an</p>	<p style="text-align: right;">Page 121</p> <p>1 Q. Right. I'm asking whether those 2 active leads have ever led you to a supplier of 3 diverted prescription opioids. 4 MS. DEBROSSE ZIMMERMAN: Same 5 objection. 6 Q. Has that ever happened to you? 7 A. The cases that I have brought to 8 trial and investigated have involved heroin and 9 fentanyl. If there have been other cases, we 10 could not find the source. 11 Q. So the answer to the question is no? 12 MS. DEBROSSE ZIMMERMAN: Same 13 objection. 14 A. The answer to the question is I 15 don't know. 16 Q. But you can't recall a single case? 17 MS. DEBROSSE ZIMMERMAN: Counselor, 18 he has answered this question numerous times. 19 Q. You may answer. 20 MS. DEBROSSE ZIMMERMAN: Now we're 21 approaching harassment. I mean, you must have 22 asked this question six times. 23 MR. ROMAN: You can object to the 24 form and that's all. 25 MS. DEBROSSE ZIMMERMAN: I can</p>

<p style="text-align: right;">Page 122</p> <p>1 explain the basis of my objection.</p> <p>2 MR. ROMAN: No, you cannot.</p> <p>3 MS. DEBROSSE ZIMMERMAN: Okay.</p> <p>4 A. Again, you have no idea what we do.</p> <p>5 We take the cases that we can go after and we</p> <p>6 actively pursue them. We go after the drug</p> <p>7 dealers and we get them off the streets. The</p> <p>8 other stuff that you're referring to I've</p> <p>9 answered. I don't know.</p> <p>10 Q. So you can't name one?</p> <p>11 MS. DEBROSSE ZIMMERMAN: Same</p> <p>12 objection.</p> <p>13 A. I just said I don't know.</p> <p>14 - - - - -</p> <p>15 (Thereupon, Moran Deposition Exhibit</p> <p>16 5, Multi-Page Document Beginning</p> <p>17 Bates Number CLEVE_000305048, was</p> <p>18 marked for purposes of</p> <p>19 identification.)</p> <p>20 - - - - -</p> <p>21 Q. Mr. Moran, I'm handing you what's</p> <p>22 been marked as Moran Exhibit 5. It's a</p> <p>23 multi-page document. The cover page is a cover</p> <p>24 page that says, "This document produced</p> <p>25 natively," and it bears production number CLEVE</p>	<p style="text-align: right;">Page 124</p> <p>1 Q. Right.</p> <p>2 A. Correct.</p> <p>3 Q. I meant remaining portions.</p> <p>4 If you could turn, please, to the</p> <p>5 second page. It says, "Cuyahoga County Overdose</p> <p>6 Deaths 2006-2017, Most Common Drugs."</p> <p>7 Do you see that?</p> <p>8 A. I do.</p> <p>9 Q. And then there's a chart below that.</p> <p>10 The top line is "Total Drug Overdose Deaths."</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. And then there are components that</p> <p>14 comprise that top line. Do you see that?</p> <p>15 A. Components meaning?</p> <p>16 Q. "Heroin," "Cocaine," "Carfentanil,"</p> <p>17 "Fentanyl," and "All opioids not including</p> <p>18 fentanyl."</p> <p>19 Do you see that?</p> <p>20 A. "Total drug OD deaths," correct.</p> <p>21 Q. So, first of all, do you know what's</p> <p>22 encompassed within all opioids not including</p> <p>23 fentanyl? Do you know what would be in there?</p> <p>24 A. I didn't compile this report. I</p> <p>25 don't know.</p>
<p style="text-align: right;">Page 123</p> <p>1 305048, and then there's an attachment, which</p> <p>2 does not have Bates numbers, but it's Cuyahoga</p> <p>3 County Medical Examiner's Office</p> <p>4 Heroin/Fentanyl/Cocaine Related Deaths in</p> <p>5 Cuyahoga County."</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. Have you ever seen this document</p> <p>9 before?</p> <p>10 A. I've seen -- I mean, there's</p> <p>11 different versions of it each year, but I've</p> <p>12 seen versions, yes.</p> <p>13 Q. Now, you are listed as a custodian</p> <p>14 of this document, meaning it came out of your</p> <p>15 files. Does that surprise you or --</p> <p>16 A. I don't know.</p> <p>17 Q. Now, the medical examiner's office</p> <p>18 is a county medical examiner's office, right?</p> <p>19 There's no Cleveland medical examiner, right?</p> <p>20 A. Correct.</p> <p>21 Q. So the Cuyahoga County Medical</p> <p>22 Examiner's Office covers Cleveland and then</p> <p>23 other portions of the county, correct?</p> <p>24 A. Not portions of the county, the</p> <p>25 whole county.</p>	<p style="text-align: right;">Page 125</p> <p>1 Q. Okay. Now let's take 2017 as an</p> <p>2 example. So in 2017 you have fentanyl causing</p> <p>3 459 overdose deaths, cocaine causing 342</p> <p>4 fentanyl deaths, followed by heroin and</p> <p>5 carfentanil, then all opioids.</p> <p>6 Do you see that?</p> <p>7 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>8 form.</p> <p>9 A. I'm reviewing the chart.</p> <p>10 Q. Have you had an opportunity to</p> <p>11 review the chart?</p> <p>12 A. Yeah.</p> <p>13 Q. And do you see the statistics for</p> <p>14 2017?</p> <p>15 A. I do.</p> <p>16 Q. Okay. Let me ask you -- let's back</p> <p>17 up for a second. Do you see there's a jump?</p> <p>18 The largest jump in this chart is from 2015 to</p> <p>19 2017, where total overdose -- drug overdose</p> <p>20 deaths went from -- almost doubled, from 370 to</p> <p>21 666.</p> <p>22 Do you see that?</p> <p>23 A. A lot of people have died in those</p> <p>24 years, yes, sir.</p> <p>25 Q. Do you have -- do you have a belief</p>

<p style="text-align: right;">Page 126</p> <p>1 as to what caused that jump?</p> <p>2 A. That's -- no, I don't have a belief.</p> <p>3 I mean, there was a lot of bodies there. There</p> <p>4 was a lot of families affected by that.</p> <p>5 Q. Right. But do you know why it went</p> <p>6 from 370 in 2015 to 666 in 2016?</p> <p>7 A. Do I know why?</p> <p>8 Q. Yes.</p> <p>9 A. Not specifically, no.</p> <p>10 Q. Do you know what drugs were</p> <p>11 involved, were most responsible?</p> <p>12 A. Based off of this chart; is that</p> <p>13 what you're referring to?</p> <p>14 Q. If you look at the chart, it looks</p> <p>15 like fentanyl was the principal cause; wouldn't</p> <p>16 you agree?</p> <p>17 A. Fentanyl is a heavy contributor,</p> <p>18 yes, sir.</p> <p>19 Q. And is that consistent with your</p> <p>20 experience?</p> <p>21 A. Yes, sir.</p> <p>22 Q. Do you know what the experience has</p> <p>23 been in 2018?</p> <p>24 A. I haven't reviewed stats. I don't</p> <p>25 know.</p>	<p style="text-align: right;">Page 128</p> <p>1 - - - - -</p> <p>2 (Thereupon, Moran Deposition Exhibit</p> <p>3 6, Cuyahoga County Medical Examiner</p> <p>4 Report dated October 8, 2013, was</p> <p>5 marked for purposes of</p> <p>6 identification.)</p> <p>7 - - - - -</p> <p>8 Q. I'm handing you right now Moran 6.</p> <p>9 Mr. Moran, I'm handing you what's been marked as</p> <p>10 Moran Exhibit 6. It is Cuyahoga County</p> <p>11 Department of the Medical Examiner's report of</p> <p>12 October 8th, 2013.</p> <p>13 Do you have that in front of you,</p> <p>14 sir?</p> <p>15 A. I do.</p> <p>16 Q. Have you ever seen this document</p> <p>17 before?</p> <p>18 A. I don't recall ever seeing this.</p> <p>19 Q. I'd like to direct your attention to</p> <p>20 the fifth page, where it says, "Critical</p> <p>21 Measures Data - Heroin Related Deaths."</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. And there's a chart there,</p> <p>25 "2007-2013 Comparison of Most Common Overdose</p>
<p style="text-align: right;">Page 127</p> <p>1 Q. Do you have a sense, just from your</p> <p>2 day-to-day work, whether or not the number of</p> <p>3 overdose deaths in Cleveland has increased,</p> <p>4 decreased or stayed the same from 2017?</p> <p>5 A. Sir, we stay busy. I don't keep</p> <p>6 stats.</p> <p>7</p> <p>8 *** HIGHLY CONFIDENTIAL PORTION BEGINS ***</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 129</p> <p>1 Drugs."</p> <p>2 Do you see that?</p> <p>3 A. I do.</p> <p>4 Q. And just as an example, in the last</p> <p>5 year, in 2013, there are 195 heroin overdose</p> <p>6 deaths, 116 cocaine overdose deaths, and 45</p> <p>7 oxycodone overdose deaths.</p> <p>8 Do you see that?</p> <p>9 A. I do.</p> <p>10 Q. What is your reaction to this chart?</p> <p>11 Does this seem about right?</p> <p>12 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>13 form.</p> <p>14 A. Two questions. You have a reaction</p> <p>15 and -- my reaction is that's a lot of people</p> <p>16 dying, and it kept going up each year after</p> <p>17 2013. As far as the information, I didn't</p> <p>18 compile the data.</p> <p>19 Q. Well, you were responsible for some</p> <p>20 of this data, right? Some of these reports are</p> <p>21 based on what you investigated and concluded,</p> <p>22 right?</p> <p>23 A. No. I didn't -- I don't conclude.</p> <p>24 The medical examiner's office concludes.</p> <p>25 Q. Okay. Have you ever, when you've</p>

<p style="text-align: right;">Page 130</p> <p>1 filled in one of these -- one of the 2 spreadsheets, either the -- I can't remember the 3 name -- the ODMAP or Case Explorer spreadsheets, 4 ever put in oxycodone or another prescription 5 drug? 6 MS. DEBROSSE ZIMMERMAN: Object to 7 form. 8 A. I don't understand your question. 9 Are you referring -- what are you referring to? 10 Q. Just you -- you've already testified 11 that you provide information for ODMAP and for 12 Case Explorer? 13 A. Correct. 14 Q. And in there you list drugs that 15 were involved in the person's overdose, correct? 16 A. We list drugs that we suspected to 17 cause the overdose and other drugs that could 18 have been used if relayed to us, yes. 19 Q. Have you ever -- in those fields 20 where you put that information, have you ever 21 put down oxycodone or another prescription drug? 22 A. If I can recall, on the forms 23 there's a box for prescription pills that I have 24 checked. I can't recall if it's specific to 25 prescription or oxycodone, but I have checked</p>	<p style="text-align: right;">Page 132</p> <p>1 deaths, people dying left and right, people die 2 in other cities? That's an information-sharing 3 database. The drugs placed are based off of 4 experience. Final cause of death is determined 5 by the Cuyahoga County Medical Examiner, not us. 6 Q. Now, you say that once you make a 7 conclusion as to -- or find information, I 8 should say, about the drug that was involved, 9 you try to investigate the source, try to get to 10 the drug dealer, right? 11 A. Yes. 12 Q. When you have found in the -- 13 information that led you to either check a box 14 or to put in information about a prescription 15 drug, have you personally gone and tried to find 16 the source of that drug? 17 MS. DEBROSSE ZIMMERMAN: Object to 18 form. 19 A. What are you -- I don't understand 20 what you're asking there. That's -- 21 Q. Well, for example, if you find -- a 22 typical heroin case. You come to the scene and 23 you get information that this person took heroin 24 and you try and find out who the dealer was and 25 you go and you try and find that dealer and</p>
<p style="text-align: right;">Page 131</p> <p>1 that prescription pills, yes. 2 Q. How often have you done so? 3 A. Again, sir, I don't know. 4 Q. How did you draw the conclusion 5 to -- that will permit you to check the box or 6 to indicate otherwise, that there was a 7 prescription drug that either had been causing 8 the overdose or had been taken recently by the 9 person who had overdosed? 10 A. Based on experience, based on an 11 interview. 12 One of the big purposes of Case 13 Explorer is for information sharing on suspects 14 and victims. The data is what we suspect, but 15 the purpose of that is an information-sharing 16 database to share information countywide. Final 17 statistics and toxicology reports are not based 18 off of Case Explorer. That's a way for us to 19 share -- I mean, you're hung up on the 20 information that goes in there. We're putting 21 what we alleged, but the purpose of that, which 22 you have no understanding of what it is -- I 23 mean, you have none. The purpose of that is 24 information sharing, so that we have deaths all 25 over the county -- do you understand that --</p>	<p style="text-align: right;">Page 133</p> <p>1 arrest that dealer, right? 2 A. I'm a narcotics detective. Yes. 3 Q. Okay. If it's -- if you suspect a 4 prescription drug is involved, do you try and 5 find the source of that prescription drug so 6 that you can arrest the person who sold that 7 person who overdosed the prescription drug? 8 A. Depends on the scenario. 9 Q. Well, the scenario where you suspect 10 that prescription drug was involved in the 11 person's overdose. 12 A. Again, it depends on the scenario. 13 Q. How so? 14 A. Someone could have a legit 15 prescription and overdose on a legit 16 prescription, in which case there is no dealer; 17 however, if someone is selling pills and we're 18 able to obtain that information, then 19 absolutely. 20 Q. Have you ever found someone who 21 overdosed on a legitimate -- on drugs 22 administered pursuant to a legitimate 23 prescription? 24 MS. DEBROSSE ZIMMERMAN: Object to 25 form.</p>

<p style="text-align: right;">Page 134</p> <p>1 A. I don't know.</p> <p>2 Q. Sitting here today, can you name</p> <p>3 one?</p> <p>4 A. I just said I don't know.</p> <p>5 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>6 form.</p> <p>7 Q. And have you ever -- in cases where</p> <p>8 there's not a legitimate prescription, have you</p> <p>9 then investigated the person who is, in fact --</p> <p>10 who did, in fact, sell the prescription pills to</p> <p>11 the person who overdosed?</p> <p>12 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>13 form.</p> <p>14 A. I can't recall. I mean, we go to a</p> <p>15 lot of fatalities. We investigate the</p> <p>16 fatalities. I know sometimes we don't have --</p> <p>17 on the non-fatals it's very difficult, but I</p> <p>18 can't recall off the top of my head if, you</p> <p>19 know --</p> <p>20 Q. You can't recall ever having done</p> <p>21 that?</p> <p>22 A. Over the course of my career?</p> <p>23 Q. Yes.</p> <p>24 A. Selling illegal prescriptions?</p> <p>25 Q. Yes.</p>	<p style="text-align: right;">Page 136</p> <p>1 the word "diverted." I have investigated cases</p> <p>2 of people selling prescription pills.</p> <p>3 Q. Okay. What do you call it?</p> <p>4 A. Drug dealing.</p> <p>5 Q. So you don't distinguish between --</p> <p>6 A. I call it someone selling</p> <p>7 prescription pills and I'm going to stop it.</p> <p>8 Q. Okay. So how -- how often do you</p> <p>9 investigate cases involving stolen or otherwise</p> <p>10 illicit prescription drugs?</p> <p>11 A. Now?</p> <p>12 Q. Ever. Since 2013 how often have you</p> <p>13 done that?</p> <p>14 A. Again, you don't understand. 2013</p> <p>15 is when we started investigating the deaths. We</p> <p>16 spend a lot of time investigating deaths.</p> <p>17 There's a lot of legwork and involvement that</p> <p>18 goes into it. Sometimes we don't get to do what</p> <p>19 we used to do. Prior to investigating deaths, I</p> <p>20 had investigated persons selling pills.</p> <p>21 Q. Well, have you ever investigated a</p> <p>22 doctor who may have overprescribed prescription</p> <p>23 opioids?</p> <p>24 A. I've never investigated a doctor.</p> <p>25 Q. Have you ever investigated a pill</p>
<p style="text-align: right;">Page 135</p> <p>1 A. Oh, I've investigated that.</p> <p>2 Q. Okay. And that's a form of</p> <p>3 diversion, is it not?</p> <p>4 A. To persons selling illegal</p> <p>5 prescriptions.</p> <p>6 Q. So you have had some involvement in</p> <p>7 diverted prescription drugs?</p> <p>8 A. What do you mean by "diverted," as</p> <p>9 far as how they obtained it?</p> <p>10 Q. I thought we had gone through this.</p> <p>11 We talked earlier about people</p> <p>12 sometimes get prescriptions for opioids and they</p> <p>13 take them as prescribed, and that's not an issue</p> <p>14 for you, correct?</p> <p>15 A. Right.</p> <p>16 Q. There are other times that somebody</p> <p>17 takes, for example -- the simplest case, someone</p> <p>18 takes grandma's pills out of the medicine</p> <p>19 cabinet and either takes them himself or sells</p> <p>20 them on the street, and that's a case of</p> <p>21 diversion, right?</p> <p>22 A. Okay.</p> <p>23 Q. Have you ever investigated anything</p> <p>24 along those lines?</p> <p>25 A. I guess I'm not accustomed to using</p>	<p style="text-align: right;">Page 137</p> <p>1 mill that may have overfilled prescriptions for</p> <p>2 opioids or engaged in other unlawful conduct?</p> <p>3 A. I have never personally, no.</p> <p>4 Q. Have you ever investigated a</p> <p>5 pharmacy that may have overfilled prescriptions</p> <p>6 for opioids or for anything else?</p> <p>7 A. Personally, I have never.</p> <p>8 Q. Have you ever investigated</p> <p>9 distributors that deliver prescriptions opioids</p> <p>10 to pharmacies?</p> <p>11 A. Personally, I have never.</p> <p>12 Q. Have you ever investigated</p> <p>13 manufacturers that make prescription opioids?</p> <p>14 A. I have never.</p> <p>15 Q. Have you ever referred cases to your</p> <p>16 colleagues to do those things?</p> <p>17 A. I have.</p> <p>18 Q. On how many occasions?</p> <p>19 A. I don't recall.</p> <p>20 Q. And to whom would you do so? Would</p> <p>21 that be Detective Patena and Detective Prince?</p> <p>22 A. Correct.</p> <p>23 Q. And is that something that you would</p> <p>24 normally do, is if you found a case where there</p> <p>25 were -- where prescription opioids were</p>

<p style="text-align: right;">Page 138</p> <p>1 involved, that you would refer the case to 2 Detective Prince and Detective Patena as a 3 matter of course? Is that what you would do? 4 MS. DEBROSSE ZIMMERMAN: Object to 5 form. 6 A. I don't understand what you're 7 asking. 8 Q. Well, in those cases where you 9 suspect that the drug that is causing the -- 10 that caused the overdose was a prescription 11 opioid, do you routinely, in that circumstance, 12 bring in Detective Patena and Detective Prince 13 as opposed to investigating it further yourself? 14 A. It would depend on the information 15 obtained through the course of the interview. 16 Q. What about the information would 17 help inform that choice? 18 A. If, through the course of the 19 interview, we learned that there's a doctor 20 possibly overprescribing or something along the 21 lines of doctors, pharmacies, I refer that 22 information. If it's something involving 23 illegal street sales, that's something we can 24 try to look at. 25 Q. When you do refer matters to</p>	<p style="text-align: right;">Page 140</p> <p>1 A. I don't know specific numbers, no. 2 MR. ROMAN: Do you want to take a 3 break now or are you okay? 4 THE WITNESS: No. I was just trying 5 to time lunch out, sir. That's all. 6 - - - - - 7 (Thereupon, Moran Deposition Exhibit 8 7, E-Mail from Hugh Shannon to Tom 9 Gilson, et cetera, dated January 5, 10 2018, with Attachment, Beginning 11 Bates Number CLEVE_000182046, was 12 marked for purposes of 13 identification.) 14 - - - - - 15 Q. Mr. Moran, I've handed you what's 16 been marked as Moran Exhibit 7. This is a 17 multi-page document. The first page bears 18 production number CLEVE 182046, and then there's 19 an attachment, which is the "Cuyahoga County 20 Medical Examiner's Office 21 Heroin/Fentanyl/Cocaine Related Deaths in 22 Cuyahoga County." This is the December 2017 23 update dated January 5th of 2018. 24 Have you seen this document before? 25 A. Are you referring to this one</p>
<p style="text-align: right;">Page 139</p> <p>1 Detective Patena and Detective Prince, do any 2 involve -- have any of those cases involved 3 investigation of pharmacies? 4 A. I don't know. 5 MS. DEBROSSE ZIMMERMAN: Object to 6 form. 7 Q. How about distributors? 8 A. I don't know. 9 Q. How about manufacturers? 10 A. I don't know. 11 Q. When you say if it's something 12 involving illegal street drugs -- street sales, 13 that's something we can try to look at, what do 14 you mean by that? 15 A. Through investigative techniques, if 16 we can get those drugs off the streets and stop 17 it from happening. 18 Q. But you'll do the investigation 19 yourself? 20 A. If we're able to and if we have 21 cooperators, yes. 22 Q. Do you know how often you've done 23 that? 24 A. Through the course of my career? 25 Q. Yes.</p>	<p style="text-align: right;">Page 141</p> <p>1 (indicating)? 2 Q. Well, first of all -- let me just 3 step back. The first page is an e-mail from 4 Hugh Shannon to a whole bunch of folks, dated 5 January 5th of 2018, and you are among those who 6 have been copied. 7 Do you see that? 8 A. I do. 9 Q. Do you recall receiving this e-mail 10 from Mr. Shannon on or about that date in the 11 ordinary course of business? 12 A. I recall -- I recall receiving it. 13 Q. And Mr. Shannon is the administrator 14 of the Cuyahoga County Medical Examiner's 15 Office, correct? 16 A. Yes, sir. 17 Q. And I direct your attention to the 18 attachment. Have you seen this before? 19 A. I've seen it. 20 Q. Actually, let's go back to the cover 21 page. Mr. Shannon writes that -- this is the 22 second paragraph -- "December ended rather 23 quietly, with a number of fentanyl cases, nearly 24 all mixed with either cocaine, heroin or both. 25 Overall, 2017 ended higher than 2016 not</p>

<p style="text-align: right;">Page 142</p> <p>1 surprisingly. Cocaine was prolific. Heroin 2 began to disappear. Even mixed with fentanyl, 3 the numbers were lower than 2016. Non-fentanyl 4 related heroin deaths were at lowest levels in a 5 decade." 6 Do you see that? 7 A. I do. 8 Q. Is that consistent with your 9 experience in 2017? 10 A. Sir, we were busy in 2017. 11 Q. But did you see, for example, a rise 12 in cocaine-related death and a decrease in 13 heroin-related deaths or not? 14 MS. DEBROSSE ZIMMERMAN: Object to 15 form. 16 A. I don't know. I don't receive all 17 the toxicology reports. I mean, I go based on 18 what these say. I don't know. I know what I 19 do. 20 Q. Do you get these reports 21 periodically? 22 A. Yes. 23 Q. And what do you do when you receive 24 them? Do you read them? Do you take an action 25 based on them? What do you do with them?</p>	<p style="text-align: right;">Page 144</p> <p>1 ----- 2 AFTERNOON SESSION 3 CONTINUED EXAMINATION OF SCOTT MORAN 4 BY MR. ROMAN: 5 Q. One quick question. 6 During your time as an undercover 7 detective, you've made a lot of -- you've 8 purchased a lot of drugs, correct? 9 A. I've purchased drugs. 10 Q. Have you ever purchased a 11 prescription opioid in your undercover work? 12 A. I've purchased opioid pills. How 13 that person obtained it, through a prescription 14 or not, I'm not sure. 15 Q. How many times have you done that? 16 A. Not a whole lot. I have five to ten 17 separate cases. Those separate cases involved 18 multiple buys. 19 Q. Five to ten cases involving 20 prescription opioids or five to ten cases in 21 which, during the course of the investigation, 22 you ended up buying prescription opioids? 23 A. I think I'm hung up on where you're 24 saying "prescription." Again, I don't know how 25 they were obtained.</p>
<p style="text-align: right;">Page 143</p> <p>1 A. Sir, we stay busy. We work 2 non-stop. I try to read e-mails when I get 3 them. These numbers are numbers. I'm out there 4 in the streets, going to bodies and trying to 5 help as best I can. 6 Q. I direct your attention to the page 7 that's Bates stamped 050, lower right-hand 8 corner. There's a reference in the heading to, 9 all caps, D-A-W-N. 10 Do you see that? 11 A. I do. 12 Q. Do you know what that refers to? 13 A. Yes, I do. 14 Q. What is it? 15 A. DAWN kits. 16 Q. What is a DAWN kit? 17 A. It's deaths averted with naloxone, I 18 believe. 19 MR. ROMAN: Why don't we take a 20 lunch break now. 21 22 (Luncheon recess taken.) 23 24 25</p>	<p style="text-align: right;">Page 145</p> <p>1 Q. I'm sorry. You're right. I 2 shouldn't have used prescription. Let's go with 3 opioids. 4 A. So what was the question? 5 Q. Actually, I did ask about 6 prescriptions, but let me -- so how many times 7 have you ever bought an opioid pill? 8 A. There was five to ten cases, 9 multiple buys with each case, so, I mean, I 10 can't recall. One case may be four buys. One 11 case may be two buys. Five to ten cases. 12 Q. And do you recall what pills you 13 bought? 14 A. Yes. 15 Q. What pills were those? 16 A. OxyContin, Percocets, Vicodins. 17 Q. And why were you buying OxyContin, 18 Percocet and Vicodin? 19 A. A drug dealer was offering to sell 20 it to me. 21 Q. Were you investigating that dealer? 22 A. That's why I -- that's why I bought 23 the drugs. 24 Q. Okay. But did you expect to be 25 buying heroin from him or were you actually</p>

<p style="text-align: right;">Page 146</p> <p>1 looking to buy prescription pills from him?</p> <p>2 A. These were pill cases.</p> <p>3 Q. You've investigated pill cases</p> <p>4 before?</p> <p>5 A. I've investigated drug dealers</p> <p>6 selling pills illegally, yes.</p> <p>7 Q. And that's five to ten of those you</p> <p>8 think?</p> <p>9 A. Five to ten cases roughly.</p> <p>10 Q. And why did you have those five to</p> <p>11 ten cases? Why was that not something that</p> <p>12 Detective Patena or Detective Prince were doing?</p> <p>13 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>14 form.</p> <p>15 A. I was operating in an undercover</p> <p>16 capacity, buying illegal drugs.</p> <p>17 Q. But I thought that mostly cases</p> <p>18 involving diversion were handled by Detective</p> <p>19 Patena and Detective Prince. I'm wondering why</p> <p>20 you were involved in this one or these ones.</p> <p>21 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>22 form.</p> <p>23 A. You answered it yourself. Most of</p> <p>24 the cases. I conduct undercover work. I was</p> <p>25 able to make undercover purchases.</p>	<p style="text-align: right;">Page 148</p> <p>1 A. Yes.</p> <p>2 Q. Do you know where these drug dealers</p> <p>3 got the prescription pills, or the pills they</p> <p>4 sold to you?</p> <p>5 MS. DEBROSSE ZIMMERMAN: Objection.</p> <p>6 Form.</p> <p>7 A. In those cases we were not able to</p> <p>8 ascertain that.</p> <p>9 Q. What steps did you take to try and</p> <p>10 figure that out?</p> <p>11 MS. DEBROSSE ZIMMERMAN: We're just</p> <p>12 going to object to the extent that it requires</p> <p>13 him to testify as to any of their investigative</p> <p>14 methods.</p> <p>15 If you can testify without breaching</p> <p>16 that privilege, go ahead, Detective Moran, and</p> <p>17 we'll be designating this section of the</p> <p>18 deposition as highly confidential.</p> <p>19 Go ahead, Detective Moran.</p> <p>20 A. I think this is easy. When someone</p> <p>21 exercises their Miranda rights, questioning has</p> <p>22 to stop.</p> <p>23 Q. So you ask them where they got it</p> <p>24 from and they claim -- they asserted their</p> <p>25 Miranda rights?</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. Okay. And do you know whether these</p> <p>2 were real pills that had been manufactured by</p> <p>3 the companies who -- I mean, strike that.</p> <p>4 Do you know whether these were real</p> <p>5 pills or counterfeit pills or a mix of the two?</p> <p>6 A. The lab reports came back positive</p> <p>7 for the drugs that we were buying. I'm not sure</p> <p>8 what you're asking, if a manufacturer --</p> <p>9 Q. Well, let me step back.</p> <p>10 Are you aware that one form of</p> <p>11 diversion is counterfeit pills; for example, you</p> <p>12 might take fentanyl and make it look like a</p> <p>13 Vicodin pill? Are you familiar with that?</p> <p>14 A. They look like Percocets, but yes.</p> <p>15 Q. Okay. Percocets.</p> <p>16 A. Yes.</p> <p>17 Q. Okay. But you did the lab analysis</p> <p>18 and determined that these pills were what they</p> <p>19 purported to be?</p> <p>20 A. No.</p> <p>21 Q. Somebody else did the lab analysis</p> <p>22 and determined they were what they purported to</p> <p>23 be?</p> <p>24 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>25 form.</p>	<p style="text-align: right;">Page 149</p> <p>1 A. If Miranda rights were asserted,</p> <p>2 questioning had to stop.</p> <p>3 Q. And that was the case in all of</p> <p>4 these cases?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know what happened to these</p> <p>7 people that were -- from whom you bought the</p> <p>8 pills?</p> <p>9 A. What happened as in what?</p> <p>10 Q. Were they convicted?</p> <p>11 A. Well, they were indicted. They were</p> <p>12 all convicted. Some went to prison. Some got</p> <p>13 probation.</p> <p>14 Q. And did you learn, following trial</p> <p>15 and following the conviction, from where they</p> <p>16 got the pills?</p> <p>17 A. No.</p> <p>18 Q. Did you make an effort to learn from</p> <p>19 where they got the pills following trial?</p> <p>20 A. Miranda rights were asserted. They</p> <p>21 obtain an attorney. The attorney chose to not</p> <p>22 have their client speak with us.</p> <p>23 Q. And that was true even through the</p> <p>24 sentencing phase?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 150</p> <p>1 - - - - -</p> <p>2 (Thereupon, Moran Deposition Exhibit</p> <p>3 8, Multi-Page Document Entitled</p> <p>4 "Overdose Death Investigation and</p> <p>5 Prosecution" - Highly Confidential,</p> <p>6 was marked for purposes of</p> <p>7 identification.)</p> <p>8 - - - - -</p> <p>9 (Thereupon, Moran Deposition Exhibit</p> <p>10 9, Multi-Page Document Entitled</p> <p>11 "Fentanyl/Heroin Crisis in</p> <p>12 Cleveland" - Highly Confidential,</p> <p>13 was marked for purposes of</p> <p>14 identification.)</p> <p>15 - - - - -</p> <p>16 Q. I'd like to hand you what's been</p> <p>17 marked as Moran 8 and Moran 9. These are two</p> <p>18 documents that were produced to us this morning.</p> <p>19 Have you seen these documents</p> <p>20 before?</p> <p>21 A. I have.</p> <p>22 Q. Let's start with Exhibit 8. What's</p> <p>23 Exhibit 8?</p> <p>24 A. It's a PowerPoint presentation.</p> <p>25 Q. Is this a PowerPoint presentation</p>	<p style="text-align: right;">Page 152</p> <p>1 Honolulu; Anchorage; Jackson, Mississippi;</p> <p>2 Dover, Delaware.</p> <p>3 Q. When did you give these</p> <p>4 presentations?</p> <p>5 A. Through the course of 2017.</p> <p>6 Q. That's a lot of time away from home.</p> <p>7 A. Short trips.</p> <p>8 Q. Anchorage and Honolulu?</p> <p>9 A. They don't keep us there long.</p> <p>10 Q. What was the audience for these</p> <p>11 presentations?</p> <p>12 A. Law enforcement and prosecutors.</p> <p>13 Q. And do you have Exhibit 9 in front</p> <p>14 of you?</p> <p>15 A. I do.</p> <p>16 Q. What is that?</p> <p>17 A. This is a PowerPoint presentation.</p> <p>18 Q. Did you prepare this, at least in</p> <p>19 part?</p> <p>20 A. I did.</p> <p>21 Q. Did you prepare it by yourself or</p> <p>22 with someone else?</p> <p>23 A. Lieutenant Connelly, I believe,</p> <p>24 added some photos, but for the most part I</p> <p>25 prepared it.</p>
<p style="text-align: right;">Page 151</p> <p>1 that you prepared?</p> <p>2 A. Not entirely.</p> <p>3 Q. Is it a PowerPoint presentation that</p> <p>4 you prepared in part?</p> <p>5 A. I contributed, yes.</p> <p>6 Q. Who else contributed?</p> <p>7 A. As in who? There would be -- I</p> <p>8 obtained an original PowerPoint from NAGTRI,</p> <p>9 from the faculty for it. I was able to take</p> <p>10 that PowerPoint, add my content. I also added</p> <p>11 content from the medical examiner's office.</p> <p>12 Q. And this is a presentation that you</p> <p>13 gave?</p> <p>14 A. Correct.</p> <p>15 Q. Do you recall where you gave this</p> <p>16 presentation or on how many occasions?</p> <p>17 A. Approximately, yes. You want</p> <p>18 occasions or do you want where?</p> <p>19 Q. Start with occasions. How many</p> <p>20 times have you given this presentation?</p> <p>21 A. It would probably be easier to say</p> <p>22 where first so we can count.</p> <p>23 Q. Then just give me where.</p> <p>24 A. Des Moines, Iowa; Topeka, Kansas;</p> <p>25 Albuquerque, New Mexico; Oklahoma City;</p>	<p style="text-align: right;">Page 153</p> <p>1 Q. Is this in connection with</p> <p>2 presentations you gave?</p> <p>3 A. This was a quick, one-hour</p> <p>4 presentation.</p> <p>5 Q. When was it given and to whom?</p> <p>6 A. I can't recall the exact month. It</p> <p>7 was spring of this year. It was to a security</p> <p>8 group, security officers that met in an office</p> <p>9 building in Bratenahl.</p> <p>10 Q. Since 2013 how many presentations do</p> <p>11 you think you've given?</p> <p>12 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>13 form.</p> <p>14 A. I listed the ones in 2017, this one,</p> <p>15 and there may be, I think, one more, which that</p> <p>16 one more is this PowerPoint from Exhibit 8.</p> <p>17 Q. And in all these presentations you</p> <p>18 appear publicly as yourself, right?</p> <p>19 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>20 form.</p> <p>21 A. I appear publicly. It's law</p> <p>22 enforcement and prosecutors, and there are</p> <p>23 instructions that no video or pictures are to be</p> <p>24 taken.</p> <p>25 Q. But you appear in public and you</p>

<p style="text-align: right;">Page 154</p> <p>1 give your name and don't wear any disguise or 2 anything like that, correct? 3 A. Correct. 4 Q. What I'd like you to do, because you 5 say I don't understand -- you said that a few 6 times -- I'd like you to walk me through what 7 you do in an investigation. Perhaps while 8 you're doing that, you can refer to Exhibit 8. 9 That may help. So if you wouldn't mind doing 10 that. Tell me, how does it start? 11 MS. DEBROSSE ZIMMERMAN: You may 12 answer, Detective, subject to the privilege I 13 just stated on the record, and this whole 14 portion of the deposition will be designated 15 highly confidential. 16 Go ahead, Detective. 17 A. So how does it start? 18 Q. Right. 19 A. Someone dies from an overdose or a 20 suspected overdose. 21 Q. Okay. Take me through the whole 22 process, please. 23 A. The entire process or my process? 24 Q. Your process, what you do. 25 A. We get a notification. We respond</p>	<p style="text-align: right;">Page 156</p> <p>1 A. Cell phones. 2 Q. Anything else? 3 A. Any evidence that's going to lead to 4 where the source of the drugs came from. 5 Q. Okay. How long does this take? 6 A. The scene or the investigation? 7 Q. This part of the investigation. 8 A. It varies. We also meet with an 9 investigator from the medical examiner's office. 10 It could take them 15 minutes to get there. It 11 could take them two hours to get there. Then we 12 have to wait for the body to be transported. 13 That could take an hour. It could take a half 14 hour. I mean, I can't put a time frame on -- 15 some could take an hour. Some could take five 16 hours. 17 Q. So you wait until the medical 18 examiner is done with his or her examination? 19 A. The body is the jurisdiction of the 20 medical examiner's office. We don't touch or 21 disturb anything until the medical examiner 22 arrives. 23 Q. And what does the medical examiner 24 do at the scene? 25 A. They conduct their investigation.</p>
<p style="text-align: right;">Page 155</p> <p>1 to the scene. 2 Q. You get a notification from whom? 3 A. Well, that's where I was going to 4 take you through the whole process. 5 So EMS is notified. Respond to the 6 scene. The person has passed away. A uniform 7 zone car or police car is notified. They then 8 make a notification to us that it's a suspected 9 heroin overdose. Once we get that notification 10 from our supervisor, or via an e-mail, myself 11 and two other detectives will respond to the 12 scene and we begin our investigation. 13 Q. What does that investigation entail? 14 Tell me what you do. What's the first thing you 15 do when you come into the room? 16 A. The first thing we do when you come 17 in the room is assess the scene, see exactly 18 what we have, see where the victim is, see if we 19 see any paraphernalia immediately around the 20 body, and then we photograph the scene. 21 Q. Do you take notes? 22 A. We take notes. 23 Q. Okay. What are the types of things 24 you're looking for besides drugs and 25 paraphernalia? Anything else?</p>	<p style="text-align: right;">Page 157</p> <p>1 Q. And does that include taking blood 2 samples or what do they do? 3 A. They don't take blood samples on 4 scene. 5 Q. Okay. So what do they -- 6 A. They record the scene, temperature 7 of the room, body positioning, paraphernalia on 8 scene, whatever evidence that can help them 9 conclude what the cause and manner of death 10 would be. 11 Q. And do you -- do you take physical 12 evidence with you when you leave the scene or 13 not? 14 A. We do. 15 Q. And what do you do with that 16 evidence? 17 A. That evidence is conveyed back to 18 our office. 19 Q. Is there a place where you record 20 everything that you've seen and your thought 21 process? Where do you put your notes or how do 22 you then -- what's the next step? 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 A. The next step as far as what type of</p>

<p style="text-align: right;">Page 158</p> <p>1 case?</p> <p>2 Q. I'm presuming you go back to your</p> <p>3 office at some point, right?</p> <p>4 A. Correct.</p> <p>5 Q. Okay. And then do you enter this</p> <p>6 all into the ODMAP or the Case Explorer</p> <p>7 databases, or what do you do next to kind of</p> <p>8 advance the ball?</p> <p>9 A. Well, the very first thing, when you</p> <p>10 say "next," next is the evidence is submitted,</p> <p>11 it's entered for chain of custody purposes.</p> <p>12 There's other investigative techniques that we</p> <p>13 utilize for cell phones. That's started. The</p> <p>14 information from the case is also entered into</p> <p>15 Case Explorer. Whatever notes that would have</p> <p>16 been taken would have been placed into a</p> <p>17 narrative for Case Explorer.</p> <p>18 Q. Now, when you're at the scene, you</p> <p>19 also talk to any witnesses who are around,</p> <p>20 correct?</p> <p>21 A. If there's a witness there. I mean,</p> <p>22 unfortunately, some of these people die in</p> <p>23 bathrooms, in cars. I mean, there's bodies</p> <p>24 dying in tons of different places, but</p> <p>25 obviously, if there's a witness, of course we</p>	<p style="text-align: right;">Page 160</p> <p>1 form.</p> <p>2 Q. Is that an electronic form or is</p> <p>3 that a hard piece of paper?</p> <p>4 A. It's a piece of paper.</p> <p>5 Q. Okay. And you always bring that</p> <p>6 with you when you show up at a crime scene -- or</p> <p>7 an overdose scene?</p> <p>8 A. We fill out a response sheet for</p> <p>9 each of these.</p> <p>10 Q. Let's turn to Exhibit 8. The second</p> <p>11 page says "Introductions" and the only person</p> <p>12 introduced is you. Is that because you were the</p> <p>13 only one giving the actual presentation?</p> <p>14 A. In this particular instance, yes.</p> <p>15 Q. So in each of those six cases, you</p> <p>16 were the person giving this presentation?</p> <p>17 A. Six cases?</p> <p>18 Q. I think you said -- nine. Sorry.</p> <p>19 Nine.</p> <p>20 A. No, that's not true.</p> <p>21 Q. So who else was presenting besides</p> <p>22 you?</p> <p>23 A. Occasionally I'll co-present with an</p> <p>24 investigator from the medical examiner's office.</p> <p>25 Q. Are you the chief presenter or not?</p>
<p style="text-align: right;">Page 159</p> <p>1 talk to a witness.</p> <p>2 Q. You take down their statements and</p> <p>3 you --</p> <p>4 A. If they know anything.</p> <p>5 Q. Do you bring a notepad with you or</p> <p>6 how do you -- what do you do on that?</p> <p>7 A. It depends on what detective is</p> <p>8 doing what that day. We have a response form.</p> <p>9 Q. Right.</p> <p>10 A. The response form can -- notes can</p> <p>11 be placed on that and those notes are placed on</p> <p>12 the Case Explorer.</p> <p>13 Q. When you're interviewing a witness,</p> <p>14 are you writing things down, are you just</p> <p>15 listening and then go back later and record it?</p> <p>16 How is that done?</p> <p>17 A. It depends on what they're saying.</p> <p>18 I mean, if they have specific information and I</p> <p>19 think I'm going to forget it, obviously it's</p> <p>20 written down.</p> <p>21 Q. Do you do that on a pad of paper or</p> <p>22 how do you do that?</p> <p>23 A. We have a response form.</p> <p>24 Q. Right.</p> <p>25 A. And I put my notes on a response</p>	<p style="text-align: right;">Page 161</p> <p>1 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>2 form.</p> <p>3 A. We co-present.</p> <p>4 Q. So on the third page it says,</p> <p>5 "Cleveland Police HIDI Unit."</p> <p>6 Do you see that?</p> <p>7 A. Which? Was that this one? It's</p> <p>8 kind of blacked out (indicating).</p> <p>9 Q. Yes, it is kind of blacked out, but</p> <p>10 if you get close enough, you can read it.</p> <p>11 A. "Heroin involved death</p> <p>12 investigation"?</p> <p>13 Q. Yes.</p> <p>14 A. Yes, sir.</p> <p>15 Q. And the third bullet says, "2017,</p> <p>16 1364 non-fatals, approximately 250 fatals."</p> <p>17 Do you see that?</p> <p>18 A. I do.</p> <p>19 Q. Does that refresh your recollection</p> <p>20 as to the number of overdose investigations done</p> <p>21 by the -- by HIDI in 2017?</p> <p>22 A. This is based off the spreadsheet</p> <p>23 that we -- that's populated, so yes.</p> <p>24 Q. Okay. Then the next bullet reads,</p> <p>25 "Input all data into ODMAP."</p>

<p style="text-align: right;">Page 162</p> <p>1 Do you see that?</p> <p>2 A. I do.</p> <p>3 Q. So that's part of the protocol, was</p> <p>4 to input all data into the ODMAP?</p> <p>5 A. That's what our protocol is.</p> <p>6 Q. Okay. As far as you know, all</p> <p>7 detectives follow that protocol, right?</p> <p>8 A. Cases are required to be entered</p> <p>9 into ODMAP.</p> <p>10 Q. And not just cases but all data,</p> <p>11 right?</p> <p>12 A. Whatever data is obtained.</p> <p>13 Q. Then there's a page, probably about</p> <p>14 10 or 12 pages in, it says, "Illicit Drugs CCMEIO</p> <p>15 2016-17."</p> <p>16 Do you see that?</p> <p>17 A. I do.</p> <p>18 MS. DEBROSSE ZIMMERMAN: Give us</p> <p>19 five minutes.</p> <p>20 (Recess had.)</p> <p>21 MR. ROMAN: Back on the record.</p> <p>22 Q. Do you have that page "Illicit Drugs</p> <p>23 CCMEIO 2016-17" in front of you?</p> <p>24 A. I do.</p> <p>25 Q. And on this -- tell me what's on</p>	<p style="text-align: right;">Page 164</p> <p>1 A. This is a guideline to help other</p> <p>2 departments; obviously, process the scene, see</p> <p>3 exactly what you have, view your victim.</p> <p>4 There's certain ways that a person dies that</p> <p>5 makes it evident that it's a heroin evidence.</p> <p>6 There's certain things the body does that makes</p> <p>7 it evident that it's a heroin overdose. So you</p> <p>8 want to look and see if those signs are there.</p> <p>9 We're not ME persons, but the body does very</p> <p>10 specific things on these fatalities. Inspect</p> <p>11 the scene, and then once you're able to collect</p> <p>12 the evidence, you collect the evidence.</p> <p>13 Q. There's a page about a quarter of</p> <p>14 the way in, it says, "Possible evidence sought,"</p> <p>15 and there's a bullet and then three sub-bullets.</p> <p>16 The first bullet is "Drugs," and then there are</p> <p>17 three sub-bullets, "Heroin," "Fentanyl,"</p> <p>18 "Prescription"?</p> <p>19 A. Correct.</p> <p>20 Q. Why do you have those three bullets</p> <p>21 there, sub-bullets, there?</p> <p>22 A. Sir, this is a PowerPoint. Those</p> <p>23 are some bullets. I speak exclusively on this.</p> <p>24 Those are some of the drugs we're looking for.</p> <p>25 I elaborate -- this is just a go-by during the</p>
<p style="text-align: right;">Page 163</p> <p>1 this page, please.</p> <p>2 A. These are the types of synthetic</p> <p>3 fentanyls that Cuyahoga County started seeing</p> <p>4 from 2016 to 2017.</p> <p>5 Q. And do you know what the dates next</p> <p>6 to those fentanyls reflects?</p> <p>7 A. I would assume -- well, it's the</p> <p>8 date that the ME's office -- you know what,</p> <p>9 strike that. I'm not a hundred percent positive</p> <p>10 what the dates --</p> <p>11 Q. I understand you're not a hundred</p> <p>12 percent positive, but do you have an educated</p> <p>13 understanding?</p> <p>14 A. I understand it to be when the</p> <p>15 medical examiner's office first saw these</p> <p>16 synthetic fentanyls. I can't speak on the exact</p> <p>17 date.</p> <p>18 Q. There's a page in here called</p> <p>19 "Processing the scene." It's got -- I guess</p> <p>20 there are four stages. You have scene</p> <p>21 processing, victim inspection, scene inspection,</p> <p>22 evidence gathering. I can show it to you, sir.</p> <p>23 A. Okay.</p> <p>24 Q. And are those, in your mind,</p> <p>25 distinct stages of your investigation?</p>	<p style="text-align: right;">Page 165</p> <p>1 presentation.</p> <p>2 Q. So when you go to a scene, you</p> <p>3 are -- one of the things you are looking for is</p> <p>4 prescription drugs, correct?</p> <p>5 A. If there are prescription drugs on</p> <p>6 scene, they are seized, yes.</p> <p>7 Q. And that's part of what everybody in</p> <p>8 your unit is trained to do, is when they get to</p> <p>9 the scene, look for prescription drugs?</p> <p>10 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>11 the form.</p> <p>12 A. You're factoring out other persons.</p> <p>13 The medical examiner's office will also take</p> <p>14 prescription drugs if they're on scene.</p> <p>15 Q. Okay. But all members of HIDI, one</p> <p>16 of the things that you do, it's part of your</p> <p>17 responsibilities, is to seize all the</p> <p>18 prescription drugs that are on the scene, at the</p> <p>19 scene, correct?</p> <p>20 A. I just answered that. We take some.</p> <p>21 The medical examiner's office will also take</p> <p>22 some. It varies case by case.</p> <p>23 Q. Who decides who takes what?</p> <p>24 A. We decide amongst ourselves.</p> <p>25 Q. When the medical examiner takes</p>

<p style="text-align: right;">Page 166</p> <p>1 prescription drugs, do they tell you that 2 they've done that? Do you make any notation 3 that they've taken that? 4 A. They make a notation that they take 5 that. They're required to log everything that 6 they bring into their office as well. 7 Q. Does that information make it into 8 the databases we've been talking about, the 9 ODMAP and the Case Explorer databases? 10 A. No. 11 MS. DEBROSSE ZIMMERMAN: Object to 12 form. 13 Q. It does not make it in there? 14 A. It depends what drugs are there. 15 We're also trying to figure out what they took. 16 We're not certain they took those prescription 17 drugs. We have a person that's unable to speak 18 to us. 19 Q. Let's say -- is there ever a 20 circumstance where, let's say, there was a -- I 21 don't know -- a container of Vicodin there, that 22 the medical examiner would take that container 23 without you knowing about it? 24 MS. DEBROSSE ZIMMERMAN: Object to 25 form.</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. How about the ODMAP? 2 A. That's -- when we talk about those 3 two, they are hand in hand, which I've been 4 trying to explain. The information that goes 5 into ODMAP is populated into Case Explorer. 6 They're more or less the same entity. 7 Q. And I believe you testified to this 8 this morning, but you also look for things like 9 prescription pill bottles and any receipts from 10 a pharmacy, anything like that, correct? 11 A. I didn't testify to receipts of a 12 pharmacy. 13 Q. Okay. Well, let me ask this. Let 14 me just ask you straight out. Do you also look 15 for and take into evidence prescription bottles 16 and any either prescriptions or prescription 17 receipts or drug store receipts? Do you take 18 all those things into evidence? 19 MS. DEBROSSE ZIMMERMAN: Object to 20 form. 21 A. We take any evidence that we deem 22 will lead us to the source of what caused this 23 person to pass away, so if you're asking if we 24 take paperwork, yes, we take paperwork. 25 Q. Paperwork including receipts and</p>
<p style="text-align: right;">Page 167</p> <p>1 A. Without us knowing about it? 2 Q. Right. 3 A. We work hand in hand. We have a 4 partnership with them. There's communication 5 that goes on on scene. So if it's taken, we 6 know it's taken. 7 Q. And you would make a note of that? 8 A. I answered that a second ago as 9 well. They have to log everything that they 10 bring into their office. If it's in the system 11 during a toxicology report, we would find that 12 out. 13 Q. But I'm asking whether you 14 personally, and other HIDI officers, also make 15 any notation of what the medical examiners 16 take -- 17 MS. DEBROSSE ZIMMERMAN: Object to 18 form. 19 Q. -- so you have that information in 20 your databases, in the ODMAP, in the Case 21 Explorer databases? 22 MS. DEBROSSE ZIMMERMAN: Object to 23 form. 24 A. I'm not sure if it makes it into 25 Case Explorer.</p>	<p style="text-align: right;">Page 169</p> <p>1 prescriptions? 2 A. If we see paperwork that we deem 3 important, we take paperwork. 4 Q. Turning to Exhibit 9, about six or 5 seven pages in, there's a chart, which I believe 6 is the same chart that we looked at this 7 morning, Cuyahoga County overdose deaths 2016 to 8 2017? 9 A. 2006 to 2017. 10 Q. Sorry. Thank you. 11 Do you see that? 12 A. I do. 13 Q. So you were familiar with this 14 chart? 15 A. I said I had seen that chart. 16 Q. Okay. And you used this as part of 17 your presentation? 18 A. This particular presentation, yes. 19 Q. Okay. What have you said about the 20 statistics on this chart during your 21 presentations? 22 A. What have I said? 23 Q. Yes. 24 A. Look at the alarming number of 25 people that died due to drug overdose deaths.</p>

<p style="text-align: right;">Page 170</p> <p>1 Q. Okay. Do you get any more granular 2 than that? Do you discuss the components or 3 just -- do you just focus on the total drug 4 overdose deaths? 5 A. It was more or less to open people's 6 eyes to the amount of people dying in this. It 7 was not broken down. This PowerPoint was to 8 raise awareness to the situation we have in the 9 city of Cleveland, the amount of people that are 10 dying, how to protect their loved ones from 11 becoming a statistic, like so many other 12 families. 13 MS. DEBROSSE ZIMMERMAN: I will be 14 marking Exhibits 8 and 9 highly confidential. I 15 said that before. 16 MR. ROMAN: Do we have Bates numbers 17 for those? 18 MS. DEBROSSE ZIMMERMAN: They will 19 be produced. I just wanted to make sure you had 20 it for the deposition today. They may have been 21 produced today already. I'm not sure. 22 23 *** HIGHLY CONFIDENTIAL PORTION ENDS *** 24 25</p>	<p style="text-align: right;">Page 172</p> <p>1 A. Duties, yes, sir. 2 Q. I believe you testified earlier that 3 Sergeant Baeppler is your direct report? 4 A. Yes, sir. 5 Q. He writes, "As far as the narcotics 6 guys go, Klamert, Moran, and I are planning on 7 attending and spending a night at the park. I 8 would prefer we go at the beginning of the 9 presentation. I was also going to talk about 10 the new trends in how we are finding half of our 11 cocaine overdoses also contain fentanyl and the 12 influx of counterfeit pills containing fentanyl. 13 This should be followed by the prosecutor and 14 then the intelligence aspect with the analysts. 15 We are excited to be a part of this event. Let 16 me know if there's anything else you need." 17 Do you see that? 18 A. I do. 19 Q. Do you recall attending a conference 20 of the Ohio Tactical Officers Association 21 earlier this year? 22 A. I do. 23 Q. And what is that association? 24 A. I'm not a part of it. It's tactical 25 officers, SWAT officers throughout the state of</p>
<p style="text-align: right;">Page 171</p> <p>1 - - - - - 2 (Thereupon, Moran Deposition Exhibit 3 10, E-Mail from Matthew Baeppler to 4 Gary Gingell dated March 27, 2018, 5 was marked for purposes of 6 identification.) 7 - - - - - 8 Q. Mr. Moran, handing you what's been 9 marked as Moran Exhibit 10, I ask if you've seen 10 this document before. 11 A. I have. 12 Q. Exhibit 10 is an e-mail dated March 13 27th of 2018 from Mr. -- is it Baeppler? Is 14 that how you pronounce it? 15 A. It's Sergeant Matthew Baeppler. 16 Q. You received this on or about that 17 date in the ordinary course of business, 18 correct? 19 MS. DEBROSSE ZIMMERMAN: Object to 20 form. 21 A. You keep saying "ordinary." That's 22 so funny. I got this through an e-mail, yes. I 23 believe I was cc'd on it. 24 Q. As part of your -- as part of your 25 business responsibilities, correct?</p>	<p style="text-align: right;">Page 173</p> <p>1 Ohio. They have a conference. There's 2 different types of classes that you can attend. 3 Q. And where was this event held? 4 A. Kalahari. 5 Q. Is that in Ohio? 6 A. Yes. 7 Q. Thank you. 8 A. Sandusky. 9 Q. And did Sergeant Baeppler, at this 10 conference, give a presentation about new trends 11 in how we are finding half of our cocaine 12 overdoses also contain fentanyl and the influx 13 of counterfeit pills containing fentanyl? 14 MS. DEBROSSE ZIMMERMAN: Object to 15 form. 16 A. He gave a presentation. I gave a 17 presentation. I wasn't a part of his 18 presentation. 19 Q. Did you attend his presentation? 20 A. I came in a little after it started. 21 I can't recall. It was safety concerns with 22 fentanyl, gear and equipment needed. I was 23 reviewing my PowerPoint. I wasn't fully 24 attentive to Sergeant Baeppler. 25 Q. What presentation did you give?</p>

<p style="text-align: right;">Page 174</p> <p>1 A. This one right here, the Exhibit 2 (indicating) -- 3 Q. Exhibit 8? 4 A. It would be Exhibit 8, yes, sir. 5 Q. So you gave that presentation in 6 2018 as well as in 2017? 7 MS. DEBROSSE ZIMMERMAN: Object to 8 form. 9 A. We are in 2018. Let me strike 10 back -- I started those presentations in 2017. 11 I gave the bulk of them in 2018. So on those 12 ones from those other states. So I apologize 13 for that. And this PowerPoint was June, I 14 believe, of this year, 2018. 15 Q. Okay. I'm sorry. So Exhibit 8 was 16 given mostly in 2018, but some at the end of 17 2017; is that correct? 18 A. Yes. Yes. 19 Q. And then Exhibit 9 was given in June 20 of this year, you think? 21 A. Yes. I forgot what year we were in 22 for a minute. 23 Q. Wait until you get to be my age. 24 Is the presence of fentanyl in 25 cocaine overdoses something that you've</p>	<p style="text-align: right;">Page 176</p> <p>1 A. Some believed it to be there. Some 2 had no clue. 3 Q. And then with respect to the 4 counterfeit pills, that's also something that 5 you're seeing more of? 6 A. Yes. 7 Q. And specifically what types of 8 counterfeit pills are you seeing more of? 9 A. Pills that look like Percocets that 10 are fentanyl. 11 Q. Do you know who makes those? 12 A. No. 13 Q. When have you started seeing them? 14 A. This year. 15 Q. Early this year, mid-year, recently? 16 A. Myself personally, was later in the 17 year. We have other guys. You see this was 18 dated March, so apparently Sergeant Baeppler 19 started seeing them around then. 20 Q. Have you ever talked to anyone who 21 has taken one of these counterfeit pills? 22 A. Yes. 23 Q. And they all believe they're taking 24 the real thing, right? 25 A. Yes. Well, not -- strike that. Not</p>
<p style="text-align: right;">Page 175</p> <p>1 experienced, seen? 2 A. Yes. 3 Q. How common is that? 4 A. It's becoming more common. 5 Q. And when that happens, the user may 6 or may not be aware that there's fentanyl in the 7 cocaine, correct? 8 A. The person is deceased. I don't 9 know what they were aware of. 10 Q. Not everybody dies when that 11 happens, right? 12 A. Not everyone, no. 13 Q. So there are times when you come to 14 an overdose scene, a non-fatal overdose scene, 15 and you find that the person has taken cocaine 16 laced with fentanyl, correct? 17 A. They've taken what they believe to 18 be cocaine, which caused them to go into the 19 symptoms of a heroin/fentanyl overdose, in which 20 naloxone was able to revive them. 21 Q. Okay. And when you talk to them, do 22 they say that they knew that there was fentanyl 23 in the cocaine that they were using? 24 MS. DEBROSSE ZIMMERMAN: Object to 25 form.</p>	<p style="text-align: right;">Page 177</p> <p>1 all of them. A good portion of them thought 2 they were taking the real thing. 3 Q. Do you know who the defendants are 4 in this case? 5 A. In this case? 6 Q. Yes. 7 A. No. 8 Q. Do you know where heroin comes from? 9 MS. DEBROSSE ZIMMERMAN: Object to 10 form. 11 A. Yes. 12 Q. Where? 13 A. Drug dealers. 14 Q. Where do the drug dealers get it? 15 A. From their supplier. 16 Q. Where do the suppliers get it or how 17 do they make it? Do you know where most heroin 18 is made? 19 A. A good portion comes from Mexico. 20 Q. Where else? 21 A. Afghanistan. 22 Q. Do you know who makes fentanyl, 23 illicit fentanyl? 24 A. Personally, no. 25 Q. Do you know where it comes from?</p>

<p style="text-align: right;">Page 178</p> <p>1 A. I have beliefs, but personally, no.</p> <p>2 Q. Are those guesses or educated</p> <p>3 understandings?</p> <p>4 A. Through courses of other</p> <p>5 conferences, meeting with other detectives, it's</p> <p>6 learned that it comes through Mexico as well.</p> <p>7 Q. When did carfentanil come into</p> <p>8 Cleveland?</p> <p>9 A. I believe it was 2015, was the first</p> <p>10 reported cases.</p> <p>11 Q. Is it still around or --</p> <p>12 A. Oh, yeah.</p> <p>13 Q. When it came in, when carfentanil</p> <p>14 came into Cleveland, did it cause any spike in</p> <p>15 overdose deaths?</p> <p>16 A. Yes.</p> <p>17 Q. A pretty dramatic one?</p> <p>18 A. Between carfentanil and fentanyl,</p> <p>19 absolutely. I mean, you see the numbers. We</p> <p>20 were -- the numbers doubled. I mean, it's</p> <p>21 staggering how many people died from this.</p> <p>22 Q. Because both are more potent than</p> <p>23 heroin, right?</p> <p>24 A. Absolutely more potent than heroin.</p> <p>25 - - - - -</p>	<p style="text-align: right;">Page 180</p> <p>1 What was the question, was the</p> <p>2 warrant signed?</p> <p>3 Q. Yes.</p> <p>4 A. To the best of my recollection, I</p> <p>5 believe the warrant was signed.</p> <p>6 Q. And this was in December of 2005,</p> <p>7 correct?</p> <p>8 A. Yes.</p> <p>9 Q. In your affidavit you indicate</p> <p>10 that -- this is the first page -- that you</p> <p>11 believe that the person possessed OxyContin</p> <p>12 pills.</p> <p>13 Do you see that?</p> <p>14 A. I do.</p> <p>15 Q. And that's on the basis of a</p> <p>16 purchase of OxyContin from that person by an</p> <p>17 informant, correct?</p> <p>18 A. That is correct.</p> <p>19 Q. Do you recall any of the specifics</p> <p>20 of this case?</p> <p>21 A. No.</p> <p>22 Q. Were you aware of the abuse of</p> <p>23 OxyContin pills as of December of 2005?</p> <p>24 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>25 form.</p>
<p style="text-align: right;">Page 179</p> <p>1 (Thereupon, Moran Deposition Exhibit</p> <p>2 11, Court of Common Pleas Search</p> <p>3 Warrant Beginning Bates Number</p> <p>4 CLEVE_002250978, was marked for</p> <p>5 purposes of identification.)</p> <p>6 - - - - -</p> <p>7 Q. Mr. Moran, I've handed you what's</p> <p>8 been marked as Exhibit 11, Moran 11. Have you</p> <p>9 seen this document before?</p> <p>10 A. I have.</p> <p>11 Q. What is it?</p> <p>12 A. It's an affidavit and a search</p> <p>13 warrant.</p> <p>14 Q. Let me back up for a moment.</p> <p>15 Exhibit 11 is a multi-page document bearing</p> <p>16 production numbers CLEVE 2250978 through 83.</p> <p>17 Mr. Moran, I know that, like the other search</p> <p>18 warrant we looked at this morning, this one is</p> <p>19 unsigned. Do you believe that this was, in</p> <p>20 fact -- that your affidavit was, in fact, signed</p> <p>21 and that the warrant was indeed issued?</p> <p>22 A. If you give me a minute to review</p> <p>23 the affidavit and see if I can refamiliarize</p> <p>24 myself with the facts because addresses are</p> <p>25 redacted and I kind of go off addresses.</p>	<p style="text-align: right;">Page 181</p> <p>1 A. I was aware of a person selling</p> <p>2 OxyContin pills in 2005.</p> <p>3 Q. And that was a problem for you?</p> <p>4 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>5 form.</p> <p>6 Q. Strike that.</p> <p>7 Did you believe that that was a</p> <p>8 crime?</p> <p>9 A. Yes.</p> <p>10 Q. And you believed it was a crime</p> <p>11 worth pursuing, correct?</p> <p>12 A. I'm a narcotics detective, sir. If</p> <p>13 I have an opportunity to investigate in a drug</p> <p>14 crime, that's what I do.</p> <p>15 Q. And so you viewed the sale of</p> <p>16 prescription OxyContin as a drug crime, correct?</p> <p>17 A. Drug trafficking, yes, sir.</p> <p>18 Q. Okay. When did you first become</p> <p>19 aware of trafficking of OxyContin pills?</p> <p>20 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>21 form.</p> <p>22 A. In this specific case or --</p> <p>23 Q. No. In general.</p> <p>24 A. I don't know.</p> <p>25 Q. Certainly as of December of 2005,</p>

<p style="text-align: right;">Page 182</p> <p>1 correct?</p> <p>2 A. Yes.</p> <p>3 Q. How much before that?</p> <p>4 A. I don't know.</p> <p>5 Q. Do you recall whether you took steps</p> <p>6 to investigate the source of the OxyContin that</p> <p>7 was being sold in this warrant?</p> <p>8 A. Sir, to be perfectly honest with</p> <p>9 you, this was 13 years ago. Without more</p> <p>10 specifics, I could not even tell you if this</p> <p>11 search warrant was executed.</p> <p>12 - - - - -</p> <p>13 (Thereupon, Moran Deposition Exhibit</p> <p>14 12, Search Warrant Beginning Bates</p> <p>15 Number CLEVE_002250680, was marked</p> <p>16 for purposes of identification.)</p> <p>17 - - - - -</p> <p>18 Q. Mr. Moran, I'm handing you what has</p> <p>19 been marked as Moran Exhibit 12. It's a</p> <p>20 multi-page document bearing production numbers</p> <p>21 CLEVE 2250680 through 87.</p> <p>22 Have you seen this document before?</p> <p>23 A. I have. I typed it.</p> <p>24 Q. This is another unsigned search</p> <p>25 warrant and affidavit, correct?</p>	<p style="text-align: right;">Page 184</p> <p>1 A. Yes, sir.</p> <p>2 Q. Have you ever heard of ARCOS,</p> <p>3 A-R-C-O-S, all caps?</p> <p>4 A. I have not.</p> <p>5 Q. So do you know -- do you know that</p> <p>6 ARCOS is a database through which distributors</p> <p>7 and manufacturers report drug transactions to</p> <p>8 the DEA?</p> <p>9 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>10 form.</p> <p>11 A. I'm not familiar with ARCOS.</p> <p>12 Q. Are you familiar with OARRS, the</p> <p>13 Ohio Board of Pharmacy's Automated Rx Reporting</p> <p>14 System?</p> <p>15 A. Loosely familiar.</p> <p>16 Q. Have you ever used it?</p> <p>17 A. I believe maybe one time. Well, not</p> <p>18 personally. I don't have OARRS access. I think</p> <p>19 I've requested an OARRS report.</p> <p>20 Q. Do you know whether others in the</p> <p>21 police department use the OARRS database?</p> <p>22 A. I'm sorry?</p> <p>23 Q. Do you know whether others in the</p> <p>24 Cleveland Police Department use the OARRS</p> <p>25 database?</p>
<p style="text-align: right;">Page 183</p> <p>1 A. It is.</p> <p>2 Q. This one from February of 2009,</p> <p>3 correct?</p> <p>4 A. It is.</p> <p>5 Q. And you believe that you executed</p> <p>6 the affidavit and that the search warrant was</p> <p>7 granted by the judge?</p> <p>8 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>9 form.</p> <p>10 A. Can you give me a second to review</p> <p>11 the affidavit to see if I can refamiliarize</p> <p>12 myself with the case? This affidavit was</p> <p>13 signed, the search warrant was signed.</p> <p>14 Q. What makes you so confident?</p> <p>15 A. I recall this case.</p> <p>16 Q. Tell me what you recall of the case.</p> <p>17 A. We executed a search warrant. The</p> <p>18 person was trafficking OxyContin and that person</p> <p>19 went to prison.</p> <p>20 Q. Do you know how the person was</p> <p>21 trafficking in Oxycontin got the Oxycontin?</p> <p>22 A. I wish, but no. Once Miranda rights</p> <p>23 are asserted, sir, we stop questioning.</p> <p>24 Q. And that's what happened in this</p> <p>25 case?</p>	<p style="text-align: right;">Page 185</p> <p>1 A. Are there others, yes.</p> <p>2 Q. Who uses the OARRS database?</p> <p>3 A. Detective Patena, Detective Prince.</p> <p>4 Q. They use that in connection with</p> <p>5 their diversion investigations?</p> <p>6 A. Yes.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Moran Deposition Exhibit</p> <p>9 13, City of Cleveland Department of</p> <p>10 Public Safety Division of Police</p> <p>11 Organizational Structure, was marked</p> <p>12 for purposes of identification.)</p> <p>13 - - - - -</p> <p>14 Q. Mr. Moran, I'm handing you what's</p> <p>15 been marked as Moran Exhibit 13. Have you seen</p> <p>16 this document before?</p> <p>17 A. I have.</p> <p>18 Q. What is Exhibit 13?</p> <p>19 A. It's the City of Cleveland</p> <p>20 Department of Public Safety -- it's the Division</p> <p>21 of Police organizational structure.</p> <p>22 Q. Now, in the lower right-hand corner</p> <p>23 you'll see that the date is January 3rd of 2011.</p> <p>24 Do you see that?</p> <p>25 A. I do.</p>

<p style="text-align: right;">Page 186</p> <p>1 Q. Do you know -- I believe that this</p> <p>2 is the most recent version that we were</p> <p>3 provided. Do you know whether this has been</p> <p>4 updated?</p> <p>5 A. I'm not sure. I believe it has,</p> <p>6 with the consent decree, but --</p> <p>7 Q. Do you know what changes, if any,</p> <p>8 should be made to this exhibit to make it</p> <p>9 current and accurate?</p> <p>10 A. I don't.</p> <p>11 Q. Do you know which -- well, let me</p> <p>12 strike that.</p> <p>13 Well, do you know which bureaus or</p> <p>14 divisions or units of the Cleveland Police</p> <p>15 Department investigate opioid use and abuse?</p> <p>16 A. I'm sorry?</p> <p>17 Q. Which divisions, bureaus, units of</p> <p>18 the police department investigate opioid use and</p> <p>19 abuse?</p> <p>20 A. The Bureau of Special Services.</p> <p>21 Q. Okay. And do -- within that there</p> <p>22 are one, two, three, four, five, six, seven,</p> <p>23 eight, nine units or divisions.</p> <p>24 Do you see that?</p> <p>25 A. Yes, sir.</p>	<p style="text-align: right;">Page 188</p> <p>1 detailed to us pending a permanent assignment.</p> <p>2 We have an administrative grand jury female. We</p> <p>3 have Detective Patena and Prince, who are in</p> <p>4 diversion. Detective Hall is interdiction. We</p> <p>5 have an administrative sergeant, Sergeant Ward.</p> <p>6 Sergeant Baeppler, Sergeant Bovenzi. What is</p> <p>7 that, about 15 or 16, give or take.</p> <p>8 Q. Give or take.</p> <p>9 When you say that three are assigned</p> <p>10 to NOLETF, does that mean that they are not</p> <p>11 investigating opioid-related crimes in</p> <p>12 Cleveland?</p> <p>13 A. No.</p> <p>14 Q. Okay. Are they coordinating with</p> <p>15 you or how does that work?</p> <p>16 A. NOLETF is a task force. They</p> <p>17 partner with members of other agencies. They</p> <p>18 investigate larger drug crimes in the city of</p> <p>19 Cleveland.</p> <p>20 Q. Do you -- does HIDI coordinate with</p> <p>21 NOLETF?</p> <p>22 A. We've -- cases have crossed over.</p> <p>23 We've talked to them. Yes.</p> <p>24 Q. I don't know whether the number was</p> <p>25 15, 16, or higher or lower --</p>
<p style="text-align: right;">Page 187</p> <p>1 Q. Do all of those units or</p> <p>2 divisions -- are all those units and divisions</p> <p>3 involved in the investigation of opioid abuse?</p> <p>4 A. No.</p> <p>5 Q. So which ones are?</p> <p>6 A. Narcotics. Obviously, you know, the</p> <p>7 SWAT unit is not. Primarily the narcotics unit.</p> <p>8 Q. How many employees does the</p> <p>9 narcotics unit have?</p> <p>10 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>11 form.</p> <p>12 A. Detectives or -- we have a civilian</p> <p>13 employee. Are you asking how many detectives</p> <p>14 there are in the entire narcotics unit?</p> <p>15 Q. Let's start with detectives. How</p> <p>16 many detectives are there in the narcotics unit?</p> <p>17 A. We've lost more than has been</p> <p>18 replaced. I'm trying to count, because members</p> <p>19 that are in NOLETF, we have detectives over</p> <p>20 there, so I'm trying to count everyone.</p> <p>21 Q. And NOLETF is the Northern Ohio Law</p> <p>22 Enforcement Task Force?</p> <p>23 A. Yeah. We have three detectives</p> <p>24 assigned to that. There's seven of us that do</p> <p>25 the HIDI, but two of them are actually just</p>	<p style="text-align: right;">Page 189</p> <p>1 A. Give or take.</p> <p>2 Q. Whatever it was, has that number</p> <p>3 grown or shrunk over the years?</p> <p>4 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>5 form.</p> <p>6 A. Kind of a -- we added two detectives</p> <p>7 because we've been so busy, the two I told you</p> <p>8 that are detailed pending permanent. So we've</p> <p>9 added two because we've been so busy responding</p> <p>10 to these. The overall number in the narcotics</p> <p>11 unit has declined.</p> <p>12 Q. And do you know, by the magnitude of</p> <p>13 the decline, how many have left the unit and</p> <p>14 since when?</p> <p>15 A. I don't know how many guys we've</p> <p>16 lost through going back to units, promotions.</p> <p>17 I'm not sure of an exact number.</p> <p>18 Q. Do you know why the narcotics unit</p> <p>19 has shrunk in size over the years?</p> <p>20 A. That's above my pay grade, sir.</p> <p>21 Q. Do you think that's a good thing or</p> <p>22 a bad thing?</p> <p>23 A. That it's above my pay grade or that</p> <p>24 it shrunk?</p> <p>25 Q. No. That it shrunk.</p>

<p style="text-align: right;">Page 190</p> <p>1 A. My passion is getting drug dealers 2 off the street. The more drug detectives you 3 have, the better off you are. 4 Q. So you're unhappy that there aren't 5 more detectives? 6 A. I wouldn't say unhappy. 7 Q. You wish there were more detectives 8 in the narcotics unit? 9 A. I go out and do my job as I'm asked 10 to do. It's not my job to worry about how many 11 guys I have or what I have to work with. 12 Q. Do you think there is a sufficient 13 number of detectives in the narcotics unit? 14 A. That's not up to me to determine. 15 Q. I didn't ask whether it was up to 16 you to determine. I was asking what your view 17 is. 18 A. If we need more people or -- 19 Q. Yes. Do you need more people? 20 A. In any situation more people doesn't 21 hurt. 22 Q. That wasn't the question, sir. 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 A. I mean, I don't have an opinion. I</p>	<p style="text-align: right;">Page 192</p> <p>1 supplier is, I don't know. 2 Q. When you work overtime, do you know 3 in advance whether or not it's being paid for by 4 a grant? 5 A. Yes. 6 Q. How do you know that? 7 A. We're told we're on overtime off the 8 grant. If it's getting close to the grant being 9 over, then, you know, someone watches our hours 10 and maintains that. I don't do that, though. 11 Q. How many overtime hours have you 12 worked in 2018? 13 A. This is a light year for me, so I 14 don't know, 700, 800. This is a lighter year, 15 though. I've taken a little more time off. 16 Q. Do you know whether those 700 or 800 17 hours of overtime that you worked in 2018, how 18 many of those hours were paid for by grants? 19 A. No. 20 Q. Was it more than half? 21 A. I don't know. I didn't keep track 22 of -- I mean, it was a lot of overtime hours. I 23 put codes on some cards, some cards I didn't. I 24 don't know if it was more than half. I don't 25 know.</p>
<p style="text-align: right;">Page 191</p> <p>1 don't have an opinion on it. I go out and do my 2 thing. That's what I do. 3 Q. You've never thought about that? 4 A. It doesn't cross my mind. I mean, 5 there are days I'd like to have more guys out 6 there, but you work with what you got. 7 Q. Do you know anything about grants 8 that the Cleveland Police Department receives in 9 connection with its work combating opioid abuse? 10 A. Specifically what about grants? 11 Q. Do you know anything about them at 12 all? 13 A. One minute portion. 14 Q. What's that minute portion? 15 A. If we're operating on a grant, we 16 have to put a certain code on our overtime card. 17 How we get the grants or who applies, I have no 18 knowledge of that. 19 Q. Do you know about the size of the 20 grants or who awards them or anything like that? 21 A. No. 22 Q. When you work overtime, do you know 23 who pays for that? 24 A. Yes and no. If it's off a grant, 25 it's paid off the grant. Who the specific grant</p>	<p style="text-align: right;">Page 193</p> <p>1 Q. You know it was more than 5 percent, 2 right? 3 A. I'd be comfortable with saying more 4 than 5 percent. 5 Q. Okay. How about, would you be 6 comfortable saying more than 25 percent? 7 A. I'm not going to get locked into a 8 percentage. I don't know. 9 Q. Do you recall any of the grants that 10 you've noted on any of your overtime cards? 11 A. I'm sorry? 12 Q. Do you recall the identity of the 13 grant that you noted on any of your overtime 14 cards? 15 A. Identity as to what? 16 MS. DEBROSSE ZIMMERMAN: Object to 17 form. 18 Q. Who the grantor was. 19 A. No. We have a code that we have to 20 put on the overtime card. I just know the code. 21 Q. And it's the same code no matter 22 who -- no matter the grant or is it a different 23 code? 24 A. Different code for what grant. 25 Q. Do you know how many different codes</p>

<p style="text-align: right;">Page 194</p> <p>1 you used in 2018?</p> <p>2 A. To my best recollection, two.</p> <p>3 Q. Do you know who either of the</p> <p>4 grantors were?</p> <p>5 A. No.</p> <p>6 Q. Do you know the code numbers?</p> <p>7 A. We're not on a code now, so it's --</p> <p>8 off the top of my head, no. I had it on a</p> <p>9 post-it note on my desk.</p> <p>10 Q. Have you ever made a request of your</p> <p>11 superiors for additional resources --</p> <p>12 A. No.</p> <p>13 Q. -- to combat opioid abuse?</p> <p>14 A. No.</p> <p>15 Q. If you had additional resources to</p> <p>16 help combat the opioid crisis in Cleveland, what</p> <p>17 would you use them for?</p> <p>18 A. It's a hypothetical, and I don't --</p> <p>19 Q. Would you hire more officers? Would</p> <p>20 you --</p> <p>21 A. That's a hypothetical.</p> <p>22 Q. More Narcan kits? What would you</p> <p>23 do?</p> <p>24 A. I'm a detective. I don't make those</p> <p>25 decisions.</p>	<p style="text-align: right;">Page 196</p> <p>1 person passed out in a McDonald's bathroom,</p> <p>2 there's a person passed out on the sidewalk.</p> <p>3 Those are all things that we get. So that</p> <p>4 nature of the assignment may be something along</p> <p>5 the lines of an unknown trouble.</p> <p>6 - - - - -</p> <p>7 (Thereupon, Moran Deposition Exhibit</p> <p>8 14, E-Mail String Bates Numbered</p> <p>9 CLEVE_000274219, was marked for</p> <p>10 purposes of identification.)</p> <p>11 - - - - -</p> <p>12 Q. Mr. Moran, I'm handing you what has</p> <p>13 been marked as Moran Exhibit 14. It's a</p> <p>14 one-page document bearing production number</p> <p>15 CLEVE 274219.</p> <p>16 Have you seen this document before?</p> <p>17 A. I recall sending this to the</p> <p>18 commander.</p> <p>19 Q. First, let me back up. Exhibit 14</p> <p>20 is an e-mail chain from March of 2014. The top</p> <p>21 e-mail is an e-mail from you to Mr. Gingell of</p> <p>22 March 15 of 2014, correct?</p> <p>23 A. Yes, sir.</p> <p>24 Q. And you sent and received these</p> <p>25 e-mails in or around mid-March in the ordinary</p>
<p style="text-align: right;">Page 195</p> <p>1 Q. Never thought about it?</p> <p>2 A. I go out. I go to fatalities and</p> <p>3 try to investigate those. With as many as we</p> <p>4 have, I have a hard time thinking about</p> <p>5 anything.</p> <p>6 Q. I assume that a number of your</p> <p>7 investigations start with a 911 call; is that</p> <p>8 right?</p> <p>9 A. Yes.</p> <p>10 Q. And does the police department keep</p> <p>11 statistics concerning the nature of 911 calls,</p> <p>12 you know, what people are calling about, how</p> <p>13 many people are calling about a cat in a tree,</p> <p>14 how many people are calling about armed robbery,</p> <p>15 how many people are calling about a drug</p> <p>16 overdose? Do you keep statistics about that?</p> <p>17 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>18 form.</p> <p>19 A. There are stats kept for the nature</p> <p>20 of the call; however, you spoke on some of those</p> <p>21 that are easy to explain, armed robbery, easy</p> <p>22 nature of the call, whatnot, easy nature of the</p> <p>23 call. However, a passerby may not know it's a</p> <p>24 drug overdose. They may say there's a person</p> <p>25 passed out behind the wheel of a car, there's a</p>	<p style="text-align: right;">Page 197</p> <p>1 course of business, correct --</p> <p>2 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>3 form.</p> <p>4 Q. -- as part of your business duties?</p> <p>5 A. I did.</p> <p>6 Q. And you write, "Commander, I read</p> <p>7 this report and think we all need to be a little</p> <p>8 careful. This is titled a VSDL, but no drug</p> <p>9 evidence was taken. The phone was seized, but</p> <p>10 again there is no VSDL follow up since there is</p> <p>11 no drug evidence taken. As we spoke earlier in</p> <p>12 the week, there needs to be some consistency</p> <p>13 with the reporting."</p> <p>14 Do you see that?</p> <p>15 A. I do.</p> <p>16 Q. First of all, to what report were</p> <p>17 you referring?</p> <p>18 A. A generated Cleveland Police report.</p> <p>19 Q. What was the report about?</p> <p>20 A. Apparently I disagreed with the</p> <p>21 title of the report.</p> <p>22 Q. Do you recall what the title of the</p> <p>23 report was?</p> <p>24 A. Well, it looks -- according to this</p> <p>25 e-mail I sent, it was titled a VSDL.</p>

<p style="text-align: right;">Page 198</p> <p>1 Q. And VSDL means violation of state 2 drug law? 3 A. Yes, sir. 4 Q. And what you were concerned about 5 was that the incident reported wasn't really a 6 VSDL, correct? 7 A. Correct. 8 Q. Your concern was that the police 9 department officials were over-designating 10 VSDLs, correct? 11 MS. DEBROSSE ZIMMERMAN: Object to 12 form. 13 A. My concern was I felt this report 14 was titled wrong. 15 Q. And why was that a concern to you? 16 A. VSDL reports require follow-ups. If 17 it's a VSDL report and there's open reports in 18 the system, it means no one followed up on the 19 report. With no VSDL, there's no follow-up for 20 a felony action to be taken. This was a -- drug 21 overdoses were titled suspected illnesses, so at 22 the time I felt that the officers on scene 23 titled this report wrong. 24 - - - - - 25 (Thereupon, Moran Deposition Exhibit</p>	<p style="text-align: right;">Page 200</p> <p>1 opioid scene, correct? 2 A. Yes, sir. 3 Q. That had been reported by the 4 Cleveland Police Department, correct? 5 A. Correct. 6 Q. But the alert says that there were 7 no illicit drugs found. 8 Do you see that? 9 A. I do. 10 Q. And when we get to where it says, 11 "Hx: Marijuana use," does that mean the 12 decedent's medical history indicates marijuana 13 use? 14 A. Hx, history, of marijuana use. 15 Q. Okay. Do you know where this was 16 listed as a -- in the Cleveland Police 17 Department records as a suspected opioid scene? 18 MS. DEBROSSE ZIMMERMAN: Object to 19 form. 20 A. I don't understand your question. 21 Q. Well, you have an opioid scene 22 alert, so somebody had entered this into the 23 system as an opioid scene, correct? 24 A. Not from the Cleveland Police 25 Department.</p>
<p style="text-align: right;">Page 199</p> <p>1 15, E-Mail from CCMEO Automated 2 Alert System to Various Recipients, 3 dated May 19, 2018, Beginning Bates 4 Number CLEVE_000266801, was marked 5 for purposes of identification.) 6 - - - - - 7 Q. Mr. Moran, I've handed you what's 8 been marked as Moran Exhibit 15, a one-page 9 document bearing production number CLEVE 266801. 10 Have you seen this document before? 11 A. I have. 12 Q. Exhibit 15 is an e-mail dated May 13 19, 2018 from the CCMEO Automated Alert System 14 to a whole bunch of folks, including you, 15 correct? 16 A. Yes, sir. 17 Q. And you received this e-mail on or 18 about that date as part of your business duties, 19 correct? 20 A. Yes, sir. 21 Q. CCMEO Automated Alert System is the 22 automated alert system of the Cuyahoga County 23 Medical Examiner's Office, correct? 24 A. That's correct. 25 Q. And the alert relates to a suspected</p>	<p style="text-align: right;">Page 201</p> <p>1 Q. But from the medical examiner's 2 office? 3 A. It's not -- it's an alert that is 4 sent out to notify us. 5 Q. Okay. And then you go and 6 investigate and determine whether, in fact, it 7 is an opioid scene? 8 A. Yes. 9 Q. So it's not listed in the records as 10 an opioid scene until you conclude that that's 11 what it was? 12 A. Are you referring to this as a 13 record or an alert? 14 Q. It's an alert, but I assume at some 15 point it's put into the records as -- you know, 16 if you confirmed it, it goes into the records as 17 an opioid scene, correct? 18 MS. DEBROSSE ZIMMERMAN: Object to 19 form. 20 A. Again, the medical examiner 21 determines final cause and manner of death. And 22 I remember this case. This was an overdose. 23 Q. An overdose of what? 24 A. Fentanyl, heroin. 25 Q. So when it says, "No illicit drugs</p>

<p style="text-align: right;">Page 202</p> <p>1 or alcohol," does that just mean no illicit 2 drugs or alcohol were found on the scene? 3 A. Not necessarily. At the initial 4 observation maybe of the zone car officers, and 5 then we come out and we look, we are trained in 6 this, this is what we do day in and day out, 7 we're trained to look for things that they're 8 not trained to look for. This is the initial 9 reporting system to have us respond. 10 MR. ROMAN: Why don't we take a 11 break. 12 (Recess had.) 13 MR. ROMAN: Let's go back on the 14 order. 15 BY MR. ROMAN: 16 Q. Two quick follow-up questions. 17 First of all, I believe you 18 testified at the very beginning that you've 19 served as an expert witness? 20 A. I was in criminal court, yes, sir. 21 Q. On how many occasions? 22 A. Twice maybe. 23 Q. Do you recall the subject matters on 24 which you testified as an expert? 25 A. Narcotic sales, drug sales, how drug</p>	<p style="text-align: right;">Page 204</p> <p>1 A. What do I understand or what do I -- 2 Q. Well, first of all, do you recall 3 when the consent decree was entered? 4 A. No. I don't know exactly when. 5 Q. Do you recall what it provided? 6 A. I'm sorry? 7 Q. Do you recall what it provided in 8 broad terms? 9 A. What -- 10 Q. What the consent decree provided. 11 What did you have to do? 12 MS. DEBROSSE ZIMMERMAN: Object to 13 form. 14 A. What did I have to do? 15 Q. Or what the Cleveland Police 16 Department had to do. 17 A. Sir, I'm so busy with what I do. 18 When they enforce new policies, I abide by the 19 new policies. The exact matter of the consent 20 decree, I'm not sure. 21 Q. Do you recall the case that it arose 22 out of? 23 A. The case? 24 Q. Yes, or cases. 25 A. Not specifically. I mean, it was a</p>
<p style="text-align: right;">Page 203</p> <p>1 sales are done. 2 Q. Do you recall anything more 3 specifically about what you testified to? 4 A. I believe one case was a cocaine 5 case. The other case I can't recall. Maybe a 6 marijuana case. 7 Q. Did you talk about the steps in the 8 drug investigation -- or what exactly did you 9 testify to? 10 A. I don't recall the exact testimony, 11 sir. They were -- I came in on behalf of the 12 State of Ohio. 13 Q. Do you recall the names of those 14 cases? 15 A. No. 16 Q. Do you recall when they were? 17 A. Mid-2000s, mid to late 2000s. 18 Q. Have you ever testified as an expert 19 witness in a case involving opioids? 20 A. No. 21 Q. You also testified about a consent 22 decree. Do you recall that? 23 A. I do. 24 Q. What do you recall of the consent 25 decree?</p>	<p style="text-align: right;">Page 205</p> <p>1 multitude. For whatever reason, the Department 2 of Justice is here and there's a consent decree. 3 That's -- it doesn't affect what I do day to 4 day. 5 Q. Were you a party to any of those 6 cases? 7 A. No. 8 Q. Were you a witness in any of those 9 cases? 10 A. No. 11 Q. After the entry of the consent 12 decree, did the way you conducted your business 13 change at all? 14 A. Explain what you mean by doing my 15 business. I mean, does it involve the way I 16 investigate? 17 Q. Yes. 18 A. I investigate crimes. It doesn't 19 involve -- it doesn't change my investigative 20 techniques. It changed other aspects. 21 Q. What other aspects? 22 A. Training. 23 Q. How so? 24 A. We get more training now. 25 Q. Training in what?</p>

<p style="text-align: right;">Page 206</p> <p>1 A. Whatever the city seems fit; 2 deescalation, unbiased policing. Whatever 3 training the city puts forth. We're required 4 more training. But as far as my day-to-day 5 operations, nothing has changed in that aspect. 6 - - - - - 7 (Thereupon, Moran Deposition Exhibit 8 16, Cleveland Police HIDI Response 9 Form Beginning Bates Number 10 CLEVE_000274559, was marked for 11 purposes of identification.) 12 - - - - - 13 Q. Mr. Moran, I'm handing you what has 14 been marked as Moran Exhibit 16. Have you seen 15 this before? 16 A. I have. 17 Q. What is Exhibit 16? 18 A. This is a form generated by our 19 narcotics unit to track and log the non-fatal 20 and fatal overdoses that we respond to. 21 Q. Actually, let me go back for a 22 second. This bears -- it's a one-page document 23 and bears production CLEVE 274559. 24 Are these the response sheets that 25 you testified to that you use when you go to a</p>	<p style="text-align: right;">Page 208</p> <p>1 refer to? 2 A. That's the marked police unit that 3 initially responds to the call. 4 Q. Okay. And those are always four 5 digits? 6 A. Well, it's a number. It's a number, 7 letter, number, but four characters in it. 8 Q. Okay. 9 A. Incident location. 10 Q. It says, "Supervisor." 11 A. That was the supervisor that was on 12 scene. 13 Q. And why are there four boxes there? 14 What does that refer to? 15 A. Badge number or their car number, 16 either/or. Same thing, supervisor would be 4S 17 whatever. 18 Q. But it refers to a specific person? 19 A. A specific unit number, yes. 20 Q. Okay. Unit number? 21 A. Or -- their car number, just like a 22 car number, so car number. 23 Incident location, that's where it 24 occurred. Victim info, that's the person that 25 either survived the overdose or passed away from</p>
<p style="text-align: right;">Page 207</p> <p>1 suspected overdose scene? 2 A. Yes, sir. 3 Q. Okay. Can you take me through the 4 form and tell me what you put in which -- you 5 know, and where? 6 A. Absolutely. 7 Obviously the top line, Cleveland 8 Police HIDI Response Form. RMS number is the 9 populated Cleveland Police report number. 10 Q. So the first two digits, again, 11 would be the last two digits of the year, so if 12 you were doing an investigation this year, the 13 first -- it would be an 18? 14 A. Yes, sir. 15 Q. And then there would be the 16 six-digit number that would follow? 17 A. Correct. 18 Q. The date is the date that you 19 respond to the scene? 20 A. Yes. 21 Fatal, non-fatal, you know, was -- 22 obviously goes without saying. What district it 23 occurred in. The zone car that's handling the 24 initial report. 25 Q. I'm sorry. Zone car, what does that</p>	<p style="text-align: right;">Page 209</p> <p>1 the suspected overdose. Interviews, if there's 2 somebody on scene that we interviewed, we want 3 to track that in case we need to do a follow-up. 4 And follow-up is the box where we put notes as 5 far as what we saw. 6 Q. Well, let's say -- 7 A. Can I take five minutes, sir, or 8 just two minutes real quick? Do you mind? 9 Q. Sure. Well, wait a second. Is that 10 as to how to answer this question? 11 A. No. No. It's just to the form in 12 general. 13 Q. Unless there's a question of 14 privilege, you need to continue answering the 15 question. 16 A. Okay. That's fine. That's fine. 17 Okay. 18 Q. So where were you? 19 A. Follow-up. 20 Q. So when you interview someone, here 21 there's spots for you to enter two names. Let's 22 say you talked to two people. Where do you -- 23 do you make any notes of those interviews? 24 A. I'll put my notes in follow-up. 25 I'll flip the sheet over.</p>

<p style="text-align: right;">Page 210</p> <p>1 Q. Okay. And so what do you normally 2 put in follow-up? What information typically 3 goes there? 4 A. Whatever information I deem to put 5 in there, case-by-case scenario, be it suspect's 6 phone number, what the witness said. 7 Q. But the follow-up relates to the 8 interviews or can it relate to anything? 9 A. I use it for anything. 10 Q. Okay. What goes under -- when would 11 you check the box yes for evidence and when 12 would you check no for evidence? 13 A. Well, if there's evidence on scene 14 or if there's not evidence on scene. 15 Q. Is there ever a case where there's 16 no evidence whatsoever? 17 A. The drug world is a very, very seedy 18 place to be. People die and people clean 19 evidence up. Therefore, sometimes we get there 20 and there's nothing there. 21 Q. Okay. DNA? 22 A. If we're submitting packaging for 23 touch DNA, we check that box. 24 Q. So it's not whether a DNA sample has 25 been taken?</p>	<p style="text-align: right;">Page 212</p> <p>1 prescription drug? 2 A. No. 3 Q. So what type of packaging would it 4 be, just for the illegal drugs? 5 A. We're looking for the packaging that 6 the possible heroin or fentanyl came in. 7 Q. Okay. But what if the person had 8 taken a prescription drug? 9 A. Sir, that box is exactly what I 10 described that box to be, it's for packaging, 11 for packaging for drugs. I mean, I can't "what 12 if" you. 13 Q. For illegal drugs? 14 A. For fentanyl, heroin. If we recover 15 packaging that the heroin or fentanyl possibly 16 came in, that box is checked. 17 Q. And cell phone, whether you found 18 one of those. 19 What's the lock code? 20 A. If we know the lock code on scene, 21 we log it so we can unlock it back at our 22 office. 23 Q. Okay. What does supplement refer 24 to? 25 A. Supplement means if there's going to</p>
<p style="text-align: right;">Page 211</p> <p>1 A. It's if we're submitting something 2 for DNA analysis. 3 Q. Okay. Needle is whether you find a 4 needle at the scene? 5 A. Yes, sir. 6 Q. And when you find a needle, you take 7 it with you? 8 A. We submit it for evidence to have it 9 tested to see what type of residue was left 10 behind in the syringe. 11 Q. Photos, is there ever a circumstance 12 where you would not take photos? 13 A. There are. 14 Q. When would you not take a photo? 15 A. If someone was conveyed from a house 16 to the hospital, they passed away at the 17 hospital and we no longer had access to the 18 house. 19 Q. Packaging, what does that refer to? 20 A. Drugs come in packages, be it 21 whatever types the drug dealer uses, so if we 22 recover a specific type of packaging on scene, 23 we mark it -- we check that we covered that. 24 Q. Would that also include, for 25 example, if you found the packaging for a</p>	<p style="text-align: right;">Page 213</p> <p>1 be a follow-up with possible prosecution or not 2 and we have to complete a multitude of 3 supplemental reports. 4 Q. Suspect, that's if there's a -- if 5 you have a specific person in mind? 6 A. Correct. That could be not 7 necessarily a suspect, but it could be a suspect 8 phone number, suspect vehicle, suspect address, 9 whatever information we deem. 10 Q. Or it could be a description, white 11 male? 12 A. It could be. 13 Q. Okay. And then what about other? 14 A. What other notes that need to be 15 taken. 16 Q. And do you carry this on a clipboard 17 or how do you -- 18 A. Yeah, I have a clipboard. Yes. 19 Q. Okay. And do you often write on the 20 back of it or not? 21 A. If I need to, yeah. 22 Q. And this is where all your 23 information is initially recorded, is on one of 24 these response sheets? 25 A. No.</p>

<p style="text-align: right;">Page 214</p> <p>1 Q. Where else is information recorded?</p> <p>2 A. Well, an original Cleveland Police</p> <p>3 report is also generated by the responding zone</p> <p>4 cars, which is entered into our reporting</p> <p>5 system, which also has, you know, facts of the</p> <p>6 case. That may not have suspect info and</p> <p>7 privileged info that we need.</p> <p>8 Q. And does that information also make</p> <p>9 it into the database or not?</p> <p>10 A. It goes into our Cleveland Police</p> <p>11 database, yes, sir.</p> <p>12 Q. But does it go into the ODMAP and</p> <p>13 the Case Explorer databases or not?</p> <p>14 A. All -- we input every case in the</p> <p>15 ODMAP, yes, sir.</p> <p>16 Q. No, but to the extent that the -- is</p> <p>17 the information contained in the original police</p> <p>18 report also included in the ODMAP and Case</p> <p>19 Explorer databases?</p> <p>20 A. It is to a certain extent. There's</p> <p>21 a -- if you remember the ODMAP, we input the</p> <p>22 case number, so that case number is -- so if we</p> <p>23 need to go back and access the report, we have</p> <p>24 the case number and we go back into our</p> <p>25 database, into our reporting system.</p>	<p style="text-align: right;">Page 216</p> <p>1 what this is.</p> <p>2 Q. That wasn't my question, sir.</p> <p>3 A. That's the best way I could answer</p> <p>4 it.</p> <p>5 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>6 form.</p> <p>7 Q. Did you give the response sheets</p> <p>8 that are on your desk to counsel to be produced</p> <p>9 in this case?</p> <p>10 A. Not the actual response sheets.</p> <p>11 There are investigative items on there. There</p> <p>12 are suspects. There are active cases that we're</p> <p>13 following up on.</p> <p>14 MR. ROMAN: And, counsel, we would</p> <p>15 request that as well. It will be in our letter.</p> <p>16 MS. DEBROSSE ZIMMERMAN: We'll be</p> <p>17 asserting the privilege as to the investigations</p> <p>18 that are ongoing, but we'll wait on your letter.</p> <p>19 Q. Has the form that's been marked as</p> <p>20 Exhibit 16 been consistent the whole time you've</p> <p>21 used it?</p> <p>22 A. No.</p> <p>23 Q. Has it changed at all?</p> <p>24 A. Yes.</p> <p>25 Q. Is this the current form?</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. And that case number is the same one</p> <p>2 that will be on Exhibit 16, correct?</p> <p>3 A. They have to coincide. It's the</p> <p>4 same case.</p> <p>5 Q. Okay. Where are these -- after</p> <p>6 you've entered the information from these forms</p> <p>7 into the database, what do you do with them?</p> <p>8 A. I keep mine.</p> <p>9 Q. Where do you keep them?</p> <p>10 A. At my desk.</p> <p>11 Q. Do you have a special folder for</p> <p>12 response forms or how do you --</p> <p>13 A. Depends on the situation.</p> <p>14 Q. Tell me where the places that you</p> <p>15 keep them are.</p> <p>16 A. I just said, on my desk.</p> <p>17 Q. On your desk?</p> <p>18 A. Yes, sir.</p> <p>19 Q. And did you produce all the -- or</p> <p>20 give to counsel for production in this case all</p> <p>21 the response sheets that are on your desk?</p> <p>22 A. All this information is put into a</p> <p>23 spreadsheet also. It's also in Case Explorer.</p> <p>24 So it's my understanding the information has</p> <p>25 been provided because it's just a duplicate of</p>	<p style="text-align: right;">Page 217</p> <p>1 A. No.</p> <p>2 Q. When was this form in effect, from</p> <p>3 when to when?</p> <p>4 A. This is one of the earlier forms,</p> <p>5 and there's a couple boxes that are different.</p> <p>6 It's essentially the same form. There's a</p> <p>7 couple boxes that are taken out. There's</p> <p>8 another box that's added.</p> <p>9 Q. What's been taken out and what's</p> <p>10 been added?</p> <p>11 A. Supervisor is taken out. There's</p> <p>12 now a line for date and time of death to track</p> <p>13 that. I believe the follow-up might be worded</p> <p>14 differently. It might be notes or something.</p> <p>15 Those lines are -- there's an extra line. I</p> <p>16 believe there's an actual suspect line as well</p> <p>17 now. Essentially the same form, just modified</p> <p>18 slightly.</p> <p>19 MR. ROMAN: We'll be asking for that</p> <p>20 as well.</p> <p>21 Q. Do you know whether other HIDI</p> <p>22 detectives use these forms?</p> <p>23 A. Yes. That's how we input the data</p> <p>24 in the ODMAP is off this form.</p> <p>25 Q. Do you know whether they maintain</p>

<p style="text-align: right;">Page 218</p> <p>1 the forms after they input the data into the 2 database?</p> <p>3 A. Sir, I can speak for myself. The 4 information that's here is duplicated into Case 5 Explorer. This is a go-by for us on scene. 6 It's a cheat sheet basically. This information, 7 whatever is on this sheet, is completely entered 8 into Case Explorer.</p> <p>9 Q. I understand that, sir, but I was 10 asking do you know whether any of them keep the 11 response forms.</p> <p>12 A. As I said, I can speak for myself, 13 sir.</p> <p>14 Q. Do you ever throw out your response 15 forms?</p> <p>16 A. Not that I recall.</p> <p>17 Q. And all of them are on your desk?</p> <p>18 A. Or they're in case files on active 19 cases.</p> <p>20 Q. What do you consider to be an active 21 case?</p> <p>22 A. A case where I'm trying to catch the 23 drug dealer that just sold drugs that killed 24 somebody.</p> <p>25 Q. Well, if someone overdoses and there</p>	<p style="text-align: right;">Page 220</p> <p>1 pending resolution of this litigation?</p> <p>2 A. I believe so, but it's irrelevant.</p> <p>3 I save my -- if there are active cases, I'm 4 working on them, I have no reason to delete 5 anything.</p> <p>6 Q. So do you recall when you received 7 that notice?</p> <p>8 A. No.</p> <p>9 Q. Do you not delete any of your 10 records ever?</p> <p>11 A. Cases stay open, sir, so -- I just 12 explained to you --</p> <p>13 Q. But not everything is -- I'm not 14 just asking about the response forms, but there 15 are other documents that you have that are, 16 arguably, relevant to this case. Do you delete 17 any of your records?</p> <p>18 A. What --</p> <p>19 MS. DEBROSSE ZIMMERMAN: Object to 20 form.</p> <p>21 Q. Well, for example, e-mails, do you 22 delete e-mails or not?</p> <p>23 A. I have to delete e-mails, but they 24 are saved on a server. If I don't delete 25 e-mails, my inbox gets full and I cannot receive</p>
<p style="text-align: right;">Page 219</p> <p>1 are no leads, is it open or closed? When do you 2 close a case?</p> <p>3 A. We never close a case. We could get 4 information two years from now regarding a 5 death. We had one case that took a year and a 6 half before we solved it. These cases don't 7 close.</p> <p>8 Q. So -- well, cases close once there's 9 a conviction, correct?</p> <p>10 A. Absolutely, of course, when there's 11 a conviction.</p> <p>12 Q. Okay. Did you receive a notice from 13 counsel when this litigation was initiated 14 telling you not to -- not to delete any records?</p> <p>15 MS. DEBROSSE ZIMMERMAN: I'm going 16 to object to that to the extent it asks for 17 protected attorney-client communications.</p> <p>18 Q. It's a yes or no question. You can 19 answer.</p> <p>20 MS. DEBROSSE ZIMMERMAN: Do not 21 answer that question. If you had personal 22 notice from the city, but not from the 23 lawyers --</p> <p>24 Q. Did you receive a notice from the 25 city asking that you maintain your records</p>	<p style="text-align: right;">Page 221</p> <p>1 e-mails. So I have to delete e-mails in order 2 to receive new e-mails, but the e-mails are 3 saved on a server, which is maintained by the 4 City of Cleveland.</p> <p>5 MR. ROMAN: Do you know whether that 6 server was searched?</p> <p>7 MS. DEBROSSE ZIMMERMAN: Send us a 8 letter. We've produced all responsive 9 documents.</p> <p>10 MR. ROMAN: Well, that's plainly not 11 the case.</p> <p>12 MS. DEBROSSE ZIMMERMAN: Well, 13 that's argumentative. Do you want to take the 14 deponent's testimony or do you want to argue 15 with me?</p> <p>16 MR. ROMAN: I just want to get the 17 documents so I can examine the witness.</p> <p>18 MS. DEBROSSE ZIMMERMAN: Well, you 19 send the letter.</p> <p>20 MR. ROMAN: We sent a document 21 request. That should have been enough.</p> <p>22 Q. Does your department have a document 23 retention policy?</p> <p>24 A. I don't know.</p> <p>25 Q. Do you take notes in meetings?</p>

<p style="text-align: right;">Page 222</p> <p>1 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>2 form.</p> <p>3 A. What kind of meeting?</p> <p>4 Q. Do you ever meet with your</p> <p>5 supervisor?</p> <p>6 A. I do meet with my supervisor.</p> <p>7 Q. Do you ever take notes in those</p> <p>8 meetings?</p> <p>9 A. What kind of meeting?</p> <p>10 Q. What type of meetings do you have?</p> <p>11 A. We have all kinds of meetings.</p> <p>12 Q. Tell me about some of them.</p> <p>13 A. We have search warrant briefings.</p> <p>14 We have controlled buy briefings. We have buy</p> <p>15 bust briefings. We have search warrant</p> <p>16 briefings. We have general meetings where we're</p> <p>17 drinking coffee. It depends what kind of</p> <p>18 meeting you're referring to.</p> <p>19 Q. Well, with respect to any of the</p> <p>20 ones other than the ones where you're just</p> <p>21 drinking coffee, do you take notes in those</p> <p>22 meetings?</p> <p>23 A. It depends what my role on that</p> <p>24 particular assignment is.</p> <p>25 Q. And what do you do with those notes?</p>	<p style="text-align: right;">Page 224</p> <p>1 multi-page document. I'm sure there's a good</p> <p>2 reason why it's not Bates stamped. It appears</p> <p>3 it's not Bates Stamped. Oh, sorry. It bears</p> <p>4 production number CLEVE 251274 through 83.</p> <p>5 Have you seen this document before?</p> <p>6 A. No.</p> <p>7 Q. Do you know what it is?</p> <p>8 A. I do not.</p> <p>9 Q. Do you know to what it refers?</p> <p>10 A. I'm sorry?</p> <p>11 Q. Can you recognize, for example -- it</p> <p>12 says it's an event summary. Can you tell -- for</p> <p>13 example, looking at the first entry, can you</p> <p>14 tell what that is, what it's describing?</p> <p>15 MS. DEBROSSE ZIMMERMAN: Object to</p> <p>16 form.</p> <p>17 A. No. The only thing I can tell you,</p> <p>18 it's priority two on April 1st, 2017 and a time</p> <p>19 and location. I don't know what it is.</p> <p>20 Q. So you don't know whether this is --</p> <p>21 reflects an arrest or an event of any type?</p> <p>22 A. I do not.</p> <p>23 Q. Do you know what SDO stands for</p> <p>24 under "Type"?</p> <p>25 A. I do not.</p>
<p style="text-align: right;">Page 223</p> <p>1 Do you keep them?</p> <p>2 A. Yeah.</p> <p>3 Q. How long do you keep them for?</p> <p>4 A. It's a simple thing; we're looking</p> <p>5 for a silver car, we're searching this house. I</p> <p>6 mean, it's -- the information is going to be</p> <p>7 saved on a -- once the search warrant is</p> <p>8 executed. I take notes for myself.</p> <p>9 Q. Do you text or instant message in</p> <p>10 relation to your work at all or not?</p> <p>11 A. Yeah, we've texted before. Yes.</p> <p>12 Q. And did you turn over your phone to</p> <p>13 be imaged with respect to any texts that you</p> <p>14 might have?</p> <p>15 A. It's my understanding all the</p> <p>16 information was gathered. I have not turned</p> <p>17 over a phone, no.</p> <p>18 - - - - -</p> <p>19 (Thereupon, Moran Deposition Exhibit</p> <p>20 17, Event Summary Beginning Bates</p> <p>21 Number CLEVE_000251274, was marked</p> <p>22 for purposes of identification.)</p> <p>23 - - - - -</p> <p>24 Q. Mr. Moran, I've handed you what's</p> <p>25 been marked as Moran Exhibit 17. It's a</p>	<p style="text-align: right;">Page 225</p> <p>1 Q. Same thing about "Subtype," 1M, 2M?</p> <p>2 A. I do not.</p> <p>3 Q. That makes two of us.</p> <p>4 - - - - -</p> <p>5 (Thereupon, Moran Deposition Exhibit</p> <p>6 18, Facebook Page Postings, was</p> <p>7 marked for purposes of</p> <p>8 identification.)</p> <p>9 - - - - -</p> <p>10 Q. Mr. Moran, I've handed you what's</p> <p>11 been marked as Exhibit 18. Have you seen this</p> <p>12 document before?</p> <p>13 A. I have.</p> <p>14 Q. This is your Facebook page?</p> <p>15 A. I believe so.</p> <p>16 Q. Are you aware that you maintain a</p> <p>17 public Facebook page with photographs that can</p> <p>18 be viewed by anyone with access to the internet?</p> <p>19 A. I am now. I didn't know before. I</p> <p>20 thought it was just friends and family. So you</p> <p>21 have opened my eyes.</p> <p>22 MR. ROMAN: Thank you, Mr. Moran. I</p> <p>23 have no further questions. Well, let me</p> <p>24 rephrase. Pending -- I have no further</p> <p>25 questions until we get the documents that we</p>

<p style="text-align: right;">Page 226</p> <p>1 will be requesting. 2 Off the record, please. 3 (Recess had.) 4 EXAMINATION OF SCOTT MORAN 5 BY MR. BREWER: 6 Q. Good afternoon. 7 A. Good afternoon. 8 Q. Detective Moran, my name is Matt 9 Brewer. I represent Walgreens. I'll ask some 10 follow-up questions. 11 A. Okay. 12 Q. The same rules apply from earlier 13 today. 14 Did you bring any documents here 15 with you today to the deposition? 16 A. No. 17 Q. Earlier you talked about your job 18 responsibilities and I want to just revisit some 19 of that testimony. 20 You mentioned that you -- you're 21 involved in crisis negotiation. You also 22 mentioned that you, in your phrase, help getting 23 drug dealers off the street. 24 Do you recall that testimony? 25 A. Yes.</p>	<p style="text-align: right;">Page 228</p> <p>1 to 2013 they were largely drug complaints that 2 caused the investigation into the source of the 3 drugs and post-2013 it was overdose deaths that 4 caused the investigation into the source of the 5 drugs? 6 MS. DEBROSSE ZIMMERMAN: Object to 7 form. 8 A. It's a two-part question. If I can 9 answer the first part. 10 Q. Sure. 11 A. The first part, you were kind of 12 correct, kind of incorrect. Not necessarily 13 drug complaints. It could stem from arresting 14 someone and then keeping on going. So it's not 15 necessarily a complaint per se that comes in. 16 So it's just whatever street or avenue lead you 17 to that. 18 And then to go to the second half of 19 your question, drug -- people are dying. 20 There's a lot of deaths. We began to 21 investigate them. 22 Q. Do you know why, in the beginning of 23 2013, you shifted focus to overdose deaths? 24 A. We started seeing the numbers of 25 people dying from overdoses, it was a crime that</p>
<p style="text-align: right;">Page 227</p> <p>1 Q. Are there any other activities you 2 would include under your job description or your 3 job responsibilities? 4 A. I believe I stated earlier, I'm also 5 an instructor for the police academy. 6 Q. Any other job responsibilities? I 7 want to make sure we just get everything out. 8 A. That's it. 9 Q. And with respect to getting drug 10 dealers off the street, can you talk about what 11 that entails? 12 A. I can. Which aspect? I mean, 13 that's pretty broad. I'm a narcotics detective. 14 You know, prior to 2013, where we were focused 15 on the death investigations, it was -- involved 16 drug complaints, persons selling drugs. We 17 would conduct an investigation and attempt to 18 place that person in custody. 2013, it shifted, 19 and now we're looking to prosecute persons that 20 are selling drugs that are leading to deaths. 21 It's the same type. We have to prove a drug 22 deal occurred in order to make these 23 convictions. 24 Q. Is it fair to say, and if I'm 25 characterizing this wrong, tell me, that prior</p>	<p style="text-align: right;">Page 229</p> <p>1 could be investigated, and we began to 2 investigate it. 3 Q. Did you receive a direction or an 4 instruction to start focusing on overdose deaths 5 around that time? 6 A. What do you mean by a direction 7 or -- I don't understand. 8 Q. My understanding of your testimony 9 is that there was an organizational shift or a 10 mandate or a new approach to the drug problem by 11 focusing on overdose deaths, and I'm wondering 12 where that came from. 13 A. It's higher than me. I mean, deaths 14 were occurring. We saw that deaths were 15 occurring. The police department and the 16 medical examiner's officer partnered up to 17 figure out a way to dispatch us to the scenes to 18 investigate these deaths. 19 Q. At some point the way you approached 20 your job changed a little bit because you were 21 focusing more on the overdose deaths. And how 22 did you come to learn about that change? 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 Q. I'm not trying to stump you.</p>

<p style="text-align: right;">Page 230</p> <p>1 A. No. You have two questions there. 2 What was the first question? Was -- I didn't 3 catch the first part. 4 Q. It was more of a -- sort of an 5 assumption, which was that at some point the way 6 you approached your job started to change, 7 meaning you were focusing more on overdose 8 deaths than on -- on drug deals. 9 A. Myself personally and my partner at 10 the time, our roles shifted. Not necessarily 11 the narcotics unit. We still have people in 12 NOLETf still conducting other investigations, 13 but we began -- we shifted to what our primary 14 responsibility was. 15 Q. And how did you learn that your role 16 shifted? 17 A. From our commander. I mean, you 18 know, we all had meetings, tried to, you know, 19 implement a policy or a procedure. Not so 20 much -- a policy was eventually implemented, but 21 initially it was just a procedure to have us 22 respond to the scenes. We had to partner and we 23 had to meet with our prosecutor's office to make 24 sure we had applicable charges that could apply 25 to these. We couldn't just without being able</p>	<p style="text-align: right;">Page 232</p> <p>1 obviously to go up the chain. I mean, that goes 2 without saying in what I do. 3 Q. Sure. That's a fair point, and I 4 guess I'm only asking you about the sources that 5 you come across in the scope of your work. And 6 so I understand that may not go back to Mexico 7 or other countries, or even places outside of 8 Ohio. But in the scope of your work, can you 9 talk about your efforts to try to get to the 10 sources of fentanyl and carfentanil that have 11 caused overdoses? 12 A. Obviously, you know, when we have an 13 overdose and -- and that's -- let's say we 14 arrest that person for that -- for that death. 15 We've met with our prosecutor's office, they 16 deem that we have enough and we're able to 17 indict that person and arrest them. We always 18 conduct a follow-up interview. I can't force 19 someone to talk. If they exercise Miranda 20 rights, we stop. They may talk and say, "I'm 21 just not telling you this." So there's never a 22 time that we don't attempt it, but, 23 unfortunately, I mean, drugs are drugs. Drug 24 people are violent people. They're not going to 25 necessarily cooperate all the time.</p>
<p style="text-align: right;">Page 231</p> <p>1 to charge someone with a crime. 2 Q. And you talked a lot today about 3 fentanyl and carfentanil. Can you talk about 4 your experience in trying to determine the 5 sources of carfentanil and fentanyl? 6 A. When you say "sources," at what 7 source are you referring to, because there's 8 multiple sources in the drug game? I mean, 9 there's multiple sources. So which source are 10 we getting at? 11 Q. I'm honestly interested in the 12 entire chain. 13 A. Listen, I'm -- 14 MS. DEBROSSE ZIMMERMAN: Object to 15 form. 16 A. I'm a City of Cleveland detective. 17 It's very difficult for me to go all the way to 18 Mexico. If I have information that I can pass 19 on obviously to larger agencies that are 20 statewide, I can. Our ultimate goal -- I mean, 21 obviously you want to go up, but the priority at 22 the time is to find the source of what led to 23 the fatal overdose. 24 Q. Sure. 25 A. I mean, your ultimate goal is</p>	<p style="text-align: right;">Page 233</p> <p>1 Q. And you mentioned earlier that there 2 are diversion detectives in the narcotics unit 3 that specifically deal with prescription pill 4 crimes. You don't necessarily work hand in hand 5 with them? 6 A. No. 7 Q. Is your primary focus on -- let me 8 ask it differently. 9 What drugs do you primarily focus 10 on? 11 A. Our acronym is HIDI, which is 12 actually -- I mean, you can kind of -- I mean, 13 it's heroin, fentanyl, carfentanil, whatever is 14 causing someone to die from this or nearly die 15 from this. 16 Q. You testified earlier that you've 17 investigated over 800 fatal overdoses, and since 18 2013, over a thousand non-fatal overdoses. 19 A. I think maybe a word got 20 misconstrued on the 800. You say 21 "investigated." Some of these cases, it's a 22 small investigation, which you're responding to 23 the scene, but it's not a full tilt, we're going 24 to prosecute, investigation. We may go and 25 there's just nothing there that we can do.</p>

<p style="text-align: right;">Page 234</p> <p>1 So technically, yes, I investigated, 2 but it's not a -- it may not be a case that's 3 going to go anywhere. So responded to might be 4 more of a fair statement there. 5 I've also responded to over a 6 thousand non-fatal overdoses where we're trying 7 to get persons into treatment, obviously trying 8 to find sources of drugs, trying to find if we 9 can link a non-fatal to a fatal overdose. 10 Q. And to make sure I'm drawing the 11 distinction properly between responded to versus 12 investigated, if you've investigated a case, it 13 means that you've looked into trying to 14 determine the source of the drug that caused the 15 overdose and that's not necessarily the case if 16 you've responded to it? 17 A. Well, again, it's investigated. We 18 arrive on scene. We conduct an investigation. 19 So it's -- when one of these cases is brought 20 for prosecution, it's a full-blown investigation 21 that could take months. We've had one that took 22 well over a year. So an investigation could be 23 as simple as two hours on scene, examining what 24 evidence or what lack of evidence is there. I 25 mean, there's cases that a person passes away</p>	<p style="text-align: right;">Page 236</p> <p>1 tracked any of them back to pharmacies that 2 dispense prescription opioids? 3 A. We have not. 4 Q. Have you tracked any of the drugs 5 that have caused overdoses to manufacturers or 6 distributors of prescription opioids? 7 A. No. 8 Q. And earlier you testified that 9 you've seen plenty of opportunities in your 10 career where people have transferred from 11 lawfully prescribed opioids to being cut off and 12 then transferring to heroin. Do you recall 13 that? 14 A. Yes. 15 Q. Do you know if people that 16 transferred from lawfully prescribed opioids to 17 heroin did so as a result of any conduct by 18 pharmacies that dispense prescription opioids? 19 MS. DEBROSSE ZIMMERMAN: Object to 20 form. 21 You may answer, Detective. 22 A. I'm trying to understand the 23 question. So what were -- can you ask it again? 24 I'm sorry. 25 Q. Sure.</p>
<p style="text-align: right;">Page 235</p> <p>1 and there's ten people there, and we get there 2 and there's not a single spec of evidence, cell 3 phones are gone and no one is telling us 4 anything. It's still an investigation, but it's 5 not an investigation that's potentially going to 6 lead to prosecution. 7 Q. Understood. 8 Is it fair to say, then, that you 9 attempted to track this source of drugs that 10 caused over 1,800 fatal and non-fatal overdoses? 11 A. You could say we attempted. I mean, 12 we responded. If the evidence was there, we 13 pursued it. 14 Q. Do you know if any of those 15 overdoses are the result of conduct by any 16 pharmacies that dispense prescription opioids? 17 A. Which overdoses are we referring to? 18 Q. Fatal and non-fatal. 19 MS. DEBROSSE ZIMMERMAN: Object to 20 form. 21 A. So do I know if any of the cases 22 I've responded to were a direct result of a 23 pharmacy? Do I understand the question? 24 Q. Yes. In trying to track the source 25 of the drugs that caused the overdose, have you</p>	<p style="text-align: right;">Page 237</p> <p>1 I'm asking -- we're talking now 2 about the people you testified about earlier, 3 who you seen transfer from lawfully prescribed 4 opioids to being cut off and then transferring 5 to heroin. 6 A. Okay. 7 Q. And I'm asking if -- whether you 8 know if these people transferred to heroin as a 9 result of any conduct by pharmacies that 10 prescribe lawful prescription opioids. 11 MS. DEBROSSE ZIMMERMAN: Object to 12 form. 13 A. I don't know. I mean, obviously if 14 a prescription is stopped or a prescription is 15 not filled, that person can't get that 16 prescription anymore. So I don't know. I don't 17 know what the reason that the person no longer 18 was receiving their prescription was. 19 Q. But you're not aware of any conduct 20 by the pharmacy that would have caused that 21 person to transition from lawful prescription 22 opioids to heroin? 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 A. I am not.</p>

<p style="text-align: right;">Page 238</p> <p>1 Q. Earlier you saw Exhibit 8, and I 2 want to just revisit that for a second. Exhibit 3 8 is a little tricky because we don't have page 4 numbers, so I want to try to be as descriptive 5 as I can. 6 A. Okay. 7 Q. Well, we can just start by going to 8 the page that you saw earlier. It's a big -- on 9 the left side there's a big pile of powder and 10 it says "heroin." 11 A. Um-hum. 12 Q. It's maybe 35 percent of the way 13 through. 14 A. I'm aware of the page, so if you 15 want to ask the question. 16 Q. Before I do that, the presentation 17 in general, you mentioned that you played a 18 role -- you contributed to preparing the 19 presentation; is that right? 20 A. I was provided an original 21 PowerPoint, which I presented -- the first time 22 I ever presented, I presented off of their 23 PowerPoint, and then I tweaked it to add case 24 studies, some of the stuff that's worked for us. 25 So a big portion was provided to me, but I was</p>	<p style="text-align: right;">Page 240</p> <p>1 correct me. 2 A. We're looking for prescription pills 3 as well, but there can also be labels -- when I 4 present, there could be labels on prescription 5 bottles, which could indicate -- if the person 6 was found by themselves and we believe there was 7 someone with them, it would maybe tie us to who 8 was possibly with that person when they 9 overdosed. So we're looking at names on labels, 10 we're looking for prescription pills as well. 11 Q. Sure. 12 And then if you go one, two, three, 13 four, six pages later, there's a slide titled 14 "Case Study"? 15 A. Yes. 16 Q. Is this one of the case studies that 17 you prepared? 18 A. Yes. 19 Q. And these are photos you provided? 20 A. Not the first one. 21 Q. The next page has a different layout 22 to it, but it's titled "Cleveland Police 23 Department dead body suspected heroin overdose 24 contraband seized." 25 A. Yes.</p>
<p style="text-align: right;">Page 239</p> <p>1 able to tweak it and make it my own 2 presentation. 3 Q. And did you also provide some of the 4 photos that are included in here? 5 A. I provided some on the medical 6 examiner's office. I think I testified earlier 7 I co-presented with one of the investigators. 8 She provided some of the photos as well. 9 Q. Okay. So I want to go back to that 10 page we were just talking about with the big 11 pile of powder and it says "heroin." And I 12 think you were asked about this page before, and 13 the caption here is "Possible evidence sought," 14 and it lists "drugs, heroin, fentanyl, 15 prescription." 16 Do you see that? 17 A. I do. 18 Q. You testified earlier that 19 prescription drugs is possible evidence and that 20 you would collect that as part of your standard 21 routine? 22 A. I wasn't fully -- 23 MS. DEBROSSE ZIMMERMAN: Object to 24 form. 25 Q. If I mischaracterized it, please</p>	<p style="text-align: right;">Page 241</p> <p>1 Q. This is your slide? 2 A. It's a slide that's in the 3 PowerPoint. I didn't actually -- I didn't 4 prepare that PowerPoint, but I incorporated that 5 PowerPoint into the presentation. Well, not -- 6 we'll get to the next -- some of it I did, but 7 some of the initial pictures and whatnot. 8 Q. What I'm really interested about is 9 what follows, and it looks like it's a specific 10 case study and there's names of lieutenants and 11 detectives. Your name is listed on this next 12 page. 13 A. Right. 14 Q. So does that mean that this case 15 study we're looking at is one that you were 16 personally involved in? 17 A. Yes. 18 Q. Do you recall this specific case? 19 A. I do. 20 Q. Can you tell me at a high level what 21 you recall, meaning what happened? 22 A. There's a lot. I mean -- 23 Q. Sorry. Go ahead. I'll ask specific 24 questions. 25 A. Yeah. This is -- I mean, it's a</p>

<p style="text-align: right;">Page 242</p> <p>1 case, and these cases you don't solve overnight. 2 I mean, ideally you wish you could, but this was 3 a case where someone died of a suspected 4 overdose. We were able to identify the sources 5 of the drugs that led to this death. We were 6 able to arrest those persons and prosecute. 7 Q. And in this case what were the drugs 8 that led to the death? 9 A. There was a -- I'd have to review 10 it, but there's a toxicology report that's 11 listed in here. 12 Q. Sure. 13 A. We've had some that were heroin, 14 fentanyl. I'd have to see exactly what this one 15 was. 16 This one, if you flip through all 17 the pictures and whatnot, it's the second last. 18 It's after this toxicology report. You have to 19 go through all -- there's quite a few. 20 Q. This one (indicating)? 21 A. Yes. That's it. 22 Q. And just for the record, we're on 23 the slide with the title that reads "Cause of 24 Death"? 25 A. Correct. And in this particular</p>	<p style="text-align: right;">Page 244</p> <p>1 Q. Did you take the photo? 2 A. I did not take these photos. 3 Q. And going three slides over, there's 4 a photo from the northeastern bedroom and it's a 5 photo of the dresser? 6 A. Correct. 7 Q. Did you take this photo? 8 A. I didn't take any of these photos. 9 Q. And did this photo prove to be 10 relevant? 11 A. It just showed -- I believe it had 12 the decedent's name, showed he had -- he was in 13 that house, just showed some of the other 14 medications that could have been in his tox 15 reports when he was -- when the toxicology came 16 back. 17 Q. But none of these drugs were the 18 cause of his death, were they? 19 MS. DEBROSSE ZIMMERMAN: Object to 20 form. 21 Q. I'm sorry. Did you respond? 22 A. I did not. I mean, as I read 23 earlier, the cause of death was heroin, 24 alazopram and diazepam, accidental. 25 Q. And that's not any of these drugs?</p>
<p style="text-align: right;">Page 243</p> <p>1 case it was acute heroin, alprazolam and 2 diazepam toxicity. It was an accidental death. 3 Q. And I want to go back a few slides 4 in here. There are a series of photos that are 5 taken from different rooms in the house. 6 A. Correct. 7 Q. Is it standard for you to take these 8 types of photos? 9 A. Yes. 10 Q. And I'm looking at one that reads, 11 "Kitchen window sill, cigarette wrapper and 12 spoon"? 13 A. Which one is it? 14 Q. This one (indicating). 15 A. Kitchen bag and window sill next to 16 kitchen, that one, or you got the wrapper one? 17 Q. Wrapper and spoon. 18 A. "Kitchen window sill, cigarette 19 wrapper and spoon." 20 Q. And what's your rationale or 21 reasoning for taking a photo like this? 22 A. We don't know what's going to play a 23 role in these cases. It's best to have more 24 pictures than not enough. In this particular 25 case, this picture was irrelevant.</p>	<p style="text-align: right;">Page 245</p> <p>1 A. It is not. 2 Q. Are you -- do you consider yourself 3 an expert on prescription opioids? 4 A. On prescriptions, no. 5 Q. Do you consider yourself an expert 6 on illegal opioids, the ones we've talked about, 7 heroin, fentanyl, carfentanil? 8 A. Expert is a word that, you know, 9 some people may use. I think I'm good at what I 10 do. 11 Q. And you've received training on 12 that? 13 A. I have. 14 Q. And your career, your experience is 15 based around investigating sources of that? 16 A. Yes. 17 Q. But not for prescription opioids? 18 A. No. 19 MR. BREWER: I think we can take a 20 break. I think that's all I have. 21 EXAMINATION OF SCOTT MORAN 22 BY MR. GOLDSTEIN: 23 Q. Hi, Detective Moran. My name is 24 Josh Goldstein. As I said before, I represent 25 some of the defendants in this litigation. I'm</p>

<p style="text-align: right;">Page 246</p> <p>1 going to ask you a few additional questions. 2 Thanks for bearing with us today. 3 Can you name any of the -- so we've 4 talked about a number of prescription opioids 5 that you've encountered in the course of your 6 police work. Do you recall that? 7 A. I do. 8 Q. Can you name the manufacturers of 9 any of those products? 10 A. I cannot. 11 Q. Any of the distributors? 12 A. I cannot. 13 Q. Do you know how any of those 14 products are marketed? 15 A. I don't. 16 Q. Do you have an understanding of what 17 I mean when I refer to pharmaceutical marketing? 18 A. I do, but it's probably wrong, so -- 19 Q. Fair enough. 20 Have you ever reviewed any marketing 21 materials produced by any of the manufacturers 22 in this case? 23 A. I have not. 24 Q. Have you ever investigated any of 25 the manufacturers in this case in connection</p>	<p style="text-align: right;">Page 248</p> <p>1 think that's not the direction you're going, so 2 if you want to explain a little bit more. 3 Q. Sure. Well, let's start with that. 4 Were there particular areas that you focused 5 your police work on? 6 A. No. 7 Q. And that covers the whole time when 8 you were in the narcotics unit? 9 A. Our job was, you know, mid to upper 10 level drug dealers or wherever it took us. We 11 weren't doing street corner things, you know, 12 driving around looking. We were doing bigger 13 cases and making purchases. 14 Q. With those mid or upper level drug 15 dealers, were there particular drugs that you 16 were focused on in particular? 17 A. There were. I mean, obviously it's 18 whatever direction our case would take us, you 19 know. And primarily when I first was down 20 there, there was a lot of cocaine, crack 21 cocaine. 2008, 2009 or so, roughly, we started 22 seeing a shift in heroin being more prevalent. 23 Q. Are there any particular drug 24 arrests during that time that stand out in your 25 mind?</p>
<p style="text-align: right;">Page 247</p> <p>1 with their marketing materials? 2 MS. DEBROSSE ZIMMERMAN: Object to 3 form. 4 A. I have not. 5 Q. Are you familiar with the 6 distinction between branded and generic 7 prescription opioids? 8 A. I think I am. I believe so. 9 Q. What's that understanding? 10 A. Just the generic name for whatever 11 drug was originally manufactured, just another 12 cheaper version. 13 Q. We talked about briefly your police 14 work in the narcotics unit prior to 2013. What 15 was the -- was there a particular area of focus 16 you had during that time? 17 A. When you say "area of focus," 18 what -- because I hear "area" and I think one 19 thing, so I think we're on different pages. So 20 when you say "area of focus," what exactly do 21 you mean? 22 Q. Sure. Well, let's start with what 23 do you think when -- 24 A. When I hear "area," I think of a 25 specific neighborhood or a specific place, so I</p>	<p style="text-align: right;">Page 249</p> <p>1 A. By who? 2 Q. Were there cases that you felt were 3 particularly important during that time? 4 A. I mean, are you talking to me 5 personally or a unit or -- 6 Q. Let's start with your police work 7 personally. 8 A. I mean, to me, I take pride in what 9 I do. Every case is important, being a felony 5 10 or an MDO. But yeah, we had some great arrests 11 during that time. We had some awesome arrests. 12 Q. What are the ones that you recall? 13 A. I mean, you're going back years and 14 we were out there every night doing it. A 15 couple kilos of coke, a couple kilos of heroin, 16 multiple ounces of coke, multiple ounces of 17 heroin. I mean, we had a really good unit that 18 was proactive in doing what we do. 19 Q. Were there any -- now speaking about 20 your department as a whole, were there any that 21 were sort of particularly successful cases? 22 A. When you say "successful" -- 23 Q. How do you measure success? Is it 24 in the amount of drugs seized, the number of 25 arrests made, the level of the arrest?</p>

<p style="text-align: right;">Page 250</p> <p>1 MS. DEBROSSE ZIMMERMAN: Object to 2 form. 3 A. I mean, a successful case is a case 4 that you get prosecution on, no matter it being 5 a low level or upper level. I mean, obviously 6 if you're getting -- I mean, it goes without 7 saying. You know, if you get a larger case, 8 obviously you're -- it's a great case and you're 9 cutting off some supply. Or if you get a guy 10 here -- I mean, if you get an upper level, 11 you're affecting the balance of how the drug 12 system works. So if you get a guy with even 13 half a kilo of heroin, that guy has got multiple 14 people he sells to, so you're taking a little 15 ding out of one drug trafficking organization. 16 So, I mean, obviously the bigger the case, the 17 happier you are, but when you say "successful," 18 in my eyes a successful case is something that 19 ends in a prosecution, be it a felony 5 or 20 felony 1. 21 Q. Sure. That makes sense. 22 So is the sort of ultimate -- strike 23 that. 24 How do you identify the upper levels 25 of drug trafficking activity?</p>	<p style="text-align: right;">Page 252</p> <p>1 A. Absolutely. We arrested a guy off a 2 wire case, seized seven kilos of heroin, almost 3 a million dollars. It wasn't my -- it was a 4 task force case. That affected the city. 5 Now, when you are going into 6 overdoses, I mean, break that down. Sure, it 7 could affect overdoses. However, for us, 2013 8 is when we started looking really hard at the 9 overdoses. So when that case happened, you're 10 affecting -- you're affecting everyone, from the 11 guy who sells a half kilo to an ounce to that 12 guy that's selling 40 bucks to that guy that's 13 going to eventually overdose. So that goes 14 without saying. When you take a major leg off a 15 drug trafficking organization, you're going to 16 affect it all the way down to the person that 17 potentially could overdose. 18 Q. When you say you started focusing on 19 the drug overdoses in 2013, what would you say 20 the focus was on prior to that? 21 A. Well, that's when we were just 22 working normal mid to upper level drug cases in 23 the narcotics unit. 24 Q. So it was sort of on the supply? 25 MS. DEBROSSE ZIMMERMAN: Object to</p>
<p style="text-align: right;">Page 251</p> <p>1 A. How do I identify it? 2 Q. How do you determine when you've 3 made an arrest of a -- of a high-level drug 4 trafficker? 5 A. It's -- that's a difficult question. 6 You may have a high-level drug dealer that you 7 know is a high-level drug dealer based off of 8 prior investigations or based off of informant 9 information. You may get that guy -- you may 10 get him when he's out of his supply. You didn't 11 necessarily get him that good but you were able 12 to put a case on him. You may know that person 13 is a multi-kilo dealer. You may have only got 14 him with a half ounce because he's waiting for 15 his supply. So that's a very difficult question 16 to answer as far as how that goes. 17 Q. Are there times that you recall 18 where you were involved or your -- the narcotics 19 unit was involved in an arrest of a high-level 20 dealer where you saw results translate on the 21 street right away, whether in terms of drug 22 activity or overdoses? 23 A. That's a two-part question, so let's 24 back up to the first part. 25 Q. Sure.</p>	<p style="text-align: right;">Page 253</p> <p>1 form. 2 A. To get as much drugs from that 3 person was obviously the ultimate goal. 4 Q. And I think you mentioned that the 5 case you were recalling in particular involved a 6 wire tap case. Is that a tactic or a tool that 7 you used in connection with your investigative 8 work of mid and upper level drug dealers? 9 A. When you said "you," I'm going to 10 say no. I've never been an affiant on a Title 11 23. 12 Q. Fair enough. That you're aware of, 13 the narcotics unit? 14 A. It is an investigative tool, yes, 15 sir. 16 Q. And during -- with respect to 17 investigations of mid and upper level drug 18 dealers, what are some of the other tools that 19 the narcotics unit utilizes? 20 MS. DEBROSSE ZIMMERMAN: You may 21 answer to the extent it doesn't violate 22 privilege. 23 Go ahead, Detective Moran. 24 A. I mean, there's a lot of different 25 tools. I mean, it could go to something that's</p>

<p style="text-align: right;">Page 254</p> <p>1 just me putting a hoodie on and a baseball hat 2 and going and sitting and watching a house. 3 That's a tool, watching what this person does. 4 I mean, when you're talking tools, I mean, it's 5 just like a carpenter building a house. He's 6 got a tool belt with a lot of tools in that tool 7 belt. I'm a narcotics detective. I've got a 8 lot of tools in my tool belt, too, and some of 9 them we like to keep close to the hip. 10 Q. Sure. 11 In terms of -- so a wire tap is one 12 form of surveillance, correct? 13 A. Electronic surveillance on 14 telephones, absolutely. 15 Q. Are there other tools related to 16 surveillance in particular that you used when 17 you were targeting mid and upper level dealers? 18 A. There are. 19 Q. What are they? 20 A. Other forms of electronic 21 surveillance. I mean, we're getting into 22 investigative tools of our trade. That's -- 23 MS. DEBROSSE ZIMMERMAN: We're going 24 to assert the same privilege just throughout 25 this testimony as it relates to investigative</p>	<p style="text-align: right;">Page 256</p> <p>1 generally known that you utilize in targeting 2 high level drug dealers? 3 A. I can't answer that question because 4 I don't know what some drug dealers know and 5 what some drug dealers don't. The less that I 6 can put out there, the more comfortable I am 7 doing my job. 8 Q. With respect to your work starting 9 in 2013 -- is that when you started with HIDI, 10 2013? 11 A. That's when the unit was more or 12 less created, yeah. 13 Q. And you were there from the outset? 14 A. From the beginning. 15 Q. Did the tools that you used change 16 at all? 17 A. Tools are always there. You just 18 got to apply them to the case that's needed. 19 Q. That's fair. Let me ask a better 20 question. 21 Did you apply the same tools in your 22 work after 2013 as you did prior to 2013? 23 A. There's more tools that we use more 24 often than others, which are basically the power 25 of the search warrant. There's other</p>
<p style="text-align: right;">Page 255</p> <p>1 privilege and not revealing investigative 2 techniques. 3 Q. Just to be clear, I'm just trying to 4 understand where that line exists. Clearly you 5 talked about they utilize wire tap surveillance. 6 I'm not clear on what's proprietary to the 7 narcotics unit, what is sort of a widely 8 accepted, widely known practice. 9 A. Sir, I have a very dangerous job. 10 There are things that I do that put my life on 11 the line every single day. When I start putting 12 investigative techniques out there, it puts me 13 in a spot that maybe I don't want to be in, to 14 be perfectly honest with you. I study 15 electronic surveillance. We're all adults in 16 this room. I think you could figure out what 17 that is, but once that starts getting out there, 18 when I'm doing certain things, that puts my life 19 in jeopardy. 20 Q. To be clear, I'm certainly not 21 trying to, with this question, get you to 22 testify about things that are not generally 23 known, generally accepted police practices. So 24 are there other forms of electronic surveillance 25 that you would say are generally accepted,</p>	<p style="text-align: right;">Page 257</p> <p>1 investigative tools that requires me to be in 2 the field and do things. But what I've done 3 over the course of my 16 years of drug work has 4 pretty much stayed the same, just some things 5 are applied differently in certain cases than 6 others. 7 Q. Since 2013, in your work with HIDI, 8 have you been involved in any cases that 9 involved wire tap surveillance? 10 A. No. I don't work the larger cases 11 anymore. We do the -- you know, the guy that's 12 selling 10 bucks worth of dope that's killing 13 somebody. That's the stuff I'm doing. 14 Q. And I think you talked a little bit 15 about this in your prior testimony, but when you 16 make an arrest or when you identify someone who 17 is selling \$10 worth of dope, what happens next? 18 A. That's a very, very broad question. 19 Q. Let me ask it this way: Are there 20 times that, rather than arresting that dealer, 21 you place them under surveillance? 22 A. We do conduct surveillance, and 23 there are times that conducting surveillance and 24 maybe the pieces of the puzzle don't fit and we 25 can't put a case -- I mean, but we still try.</p>

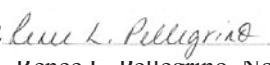
<p style="text-align: right;">Page 258</p> <p>1 We still put surveillance on a guy if we have 2 the time and the opportunity to do so. 3 Absolutely. We stay -- you have to understand 4 how many people have died and how busy we are. 5 There are some cases that we have to jump on 6 immediately because we know who that dealer is 7 and we know he's responsible for three or four 8 bodies. There's other cases that may have to go 9 on the back burner until we got this guy locked 10 up and then we can go back and try to go after 11 that guy. But at that point he might have 12 changed locations, changed cars, and that makes 13 it a little bit more difficult. But with the 14 amount of people that die, we got to go on the 15 ones that we have a lead on that we can act on 16 immediately. 17 Q. So fair to say that's the focus of 18 HIDI is targeting the immediate seller of a drug 19 that led to the overdose? 20 A. I wouldn't say it's the focus. I 21 mean, there's other cases that take some time 22 to -- I mean, if there's something that we can 23 do immediately through some of the tools that we 24 use, absolutely. In some cases we're at the 25 mercy of receiving results back from various,</p>	<p style="text-align: right;">Page 260</p> <p>1 actually led to someone's death. 2 Q. Okay. 3 A. I'm just saying I never said that. 4 If they're convicted, they're convicted of 5 involuntary manslaughter. You know, if you want 6 to label them a murderer or killer, that's on 7 you. I look at them as drug dealers that sold 8 drugs that led to a death. 9 Q. We've talked about diversion today. 10 What are the different ways that -- well, strike 11 that. 12 What are the different types of 13 diversion that you've encountered in your police 14 work, whether it was in the narcotics unit or 15 HIDI in particular? 16 MS. DEBROSSE ZIMMERMAN: Object to 17 form. 18 A. See, we -- I believe I said earlier, 19 we get tied up in that diversion word. If I got 20 someone selling pills and I'm able to buy pills 21 or put a case on that person, I am. When it 22 comes to other types of diversion, that's where 23 we have another unit for that. 24 Q. How are the -- how are cases 25 referred to that unit?</p>
<p style="text-align: right;">Page 259</p> <p>1 you know, agencies and other places. So some 2 cases may take a little bit longer to prosecute 3 than others. 4 Q. Who in the city of Cleveland would 5 you say is responsible for targeting high-level 6 heroin dealers? 7 A. We have, you know, multiple task 8 forces that still do, you know, bigger cases. 9 You have FBI task forces, DEA task forces. You 10 have the NOLETF task force. I mean, there's 11 still agencies in -- within the city that do 12 that. You know -- however, you know, us, we 13 shifted to the overdose deaths because there's 14 just so many of them. 15 Q. I think you've referred to those 16 drug dealers that sell directly to individuals 17 who overdose and have fatal overdoses before as 18 killers. Is that consistent with your belief 19 about those individuals? Do you think of them 20 as murderers? 21 MS. DEBROSSE ZIMMERMAN: Object to 22 form. 23 A. I never said "killer" and I never 24 said "murderer." That never came out of my 25 mouth. I said they provided a drug that</p>	<p style="text-align: right;">Page 261</p> <p>1 A. I don't know. 2 Q. Have you ever referred a case to -- 3 and by "that unit," this is Detective Patena and 4 Detective Prince? 5 A. Right. 6 If I've gotten information regarding 7 bad scripts or maybe a -- what we believe to be 8 a doctor that may prescribe too easily, you 9 know, I'll relay that information to them. 10 Q. Can you think of an instance in 11 which that's occurred? 12 A. Not specific instances, no. 13 Q. So you don't recall identifying a 14 particular doctor that you thought prescribed 15 too easily? 16 A. Not a specific instance. I mean, 17 over the course of years I have a handful of 18 times. 19 Q. Do you remember when the last time 20 that was? 21 A. Actually, I do. It was -- we were 22 at a -- what we believed to have been a fatal 23 overdose death, and the boyfriend that talked 24 about a doctor that she used to get pills from 25 that he believed -- I mean, obviously she was</p>

<p style="text-align: right;">Page 262</p> <p>1 deceased -- I couldn't find out from her -- that 2 he believes may have overprescribed that could 3 have led to her turning to fentanyl, heroin. So 4 it was before -- maybe around spring of this 5 year. I had a doctor's name and just kind of 6 said, you know, have you ever heard of this guy, 7 and the guy had been around for a while, so, I 8 mean, he was familiar, but I don't recall the 9 doctor's name.</p> <p>10 Q. When you say "he was familiar," he 11 was familiar to you?</p> <p>12 A. Not to me, no. I mean, I don't work 13 doctor cases, but --</p> <p>14 Q. To the detectives you referred the 15 case to?</p> <p>16 A. Yeah.</p> <p>17 Q. Do you know if an arrest has been 18 made in that case?</p> <p>19 A. I don't know. I don't think so. I 20 don't know, though. And, again, that was just 21 based off of a belief of a -- of, you know, a 22 boyfriend who just lost his loved one to an 23 overdose. I mean, he was talking.</p> <p>24 Q. Sure. And you think, in the course 25 of your police work and your time in the</p>	<p style="text-align: right;">Page 264</p> <p>1 Q. Are there agencies you can think of 2 in Cuyahoga County that aren't in that database?</p> <p>3 A. Again, I don't know the specific 4 agencies on there. I mean, the goal was, when 5 it was laid out, to try to get everyone on it. 6 Who's on it and who's not, I mean, I worry about 7 us and my guys, and we put our stuff in and I 8 can't -- I don't know what the rest of the 9 county does.</p> <p>10 Q. Sure.</p> <p>11 What about other counties in Ohio?</p> <p>12 A. Ideally, ODMAP -- there are HIDTAs 13 in a lot of states. I believe he referred to 14 something -- a trip I was going to take or 15 something, but ideally, you know, HIDTA wants to 16 get the whole country on it, as many people as 17 possible. You know, the ODMAP is a way to live 18 track, to see if you have a problem in your 19 community. I mean, if it gets put in 20 immediately, you can see we just got four 21 overdoses in this four blocks. We have a 22 problem. And then the Case Explorer, they go 23 hand in hand, so you can share information. So 24 ideally, the more people that's on here, the 25 more beneficial it is to law enforcement, but,</p>
<p style="text-align: right;">Page 263</p> <p>1 narcotics unit or with HIDI, that's happened a 2 handful of times?</p> <p>3 A. I mean, through the course of, you 4 know, my entire career. I mean, through HIDI, 5 you know, once or twice, not a whole lot of 6 times. I mean, I didn't get a lot of doctor 7 cases.</p> <p>8 Q. We talked earlier about ODMAP and 9 Case Explorer. Do you know if, other than the 10 Cleveland Police Department, any other law 11 enforcement agencies rely on those databases?</p> <p>12 A. Yeah, they do. That's the whole -- 13 as I was trying to explain, that's an 14 information-sharing database, so there's 15 suburbs, county sheriffs. There's other 16 departments that utilize it.</p> <p>17 Q. Anyone else?</p> <p>18 A. I don't know. Parma. Parma 19 Heights. I mean, various suburbs. I mean, 20 ideally we would love to get everyone in the 21 county on it, but that's their department's 22 ultimate decision, not ours or HIDTA's. I mean, 23 the more people we get, the more -- on the 24 database, the more information that's shared 25 that helps us, you know, track cases.</p>	<p style="text-align: right;">Page 265</p> <p>1 you know, unfortunately, you can't force a 2 department to utilize something that's not -- if 3 they don't want to do it.</p> <p>4 Q. Sure.</p> <p>5 Can you just explain a little bit 6 more about what the benefits are of being part 7 of that database?</p> <p>8 A. It's -- it's a searchable database. 9 So if I go to a fatal overdose and we obtain -- 10 maybe there's not something concrete in a text 11 message conversation where someone is saying, 12 hey, I need a 20, meet me here, but maybe 13 there's a list of four or five phone numbers. 14 The last typically -- I don't know if you've 15 ever watched the news or you've ever seen when 16 people die from overdoses. I'm going to assume 17 you haven't. They die quickly, very, very 18 quickly. So, generally, one of the last numbers 19 called, it's a good possibility that that's that 20 drug dealer. So when you have a searchable 21 database and maybe I went to a non-fatal 22 overdose two days ago and I obtained that drug 23 dealer's phone number from the person that 24 survived, or it happened in another city, I can 25 take the last couple phone numbers I see, plug</p>

<p style="text-align: right;">Page 266</p> <p>1 them in and search them, and go, look at this, 2 this phone number caused an overdose two days 3 ago. There's a good chance that this was the 4 last number this guy called before he died 5 instantly from an overdose. I bet you this is 6 my guy. 7 - - - - - 8 (Thereupon, Moran Deposition Exhibit 9 19, NADDI Training Schedule dated 10 August 20, 2018, was marked for 11 purposes of identification.) 12 - - - - - 13 Q. Showing you a one-page document 14 that's been marked Moran Exhibit 19, do you 15 recognize this document? 16 A. Oh, I do. 17 Q. What is it? 18 A. I was asked to speak at a NADDI -- 19 which I don't know what that stands for. I was 20 asked just to give a one-hour -- quick, one-hour 21 presentation, kind of a layout of what the 22 Cleveland Police Department does for 23 investigations. 24 Q. Does the National Association of 25 Drug Diversion Investigators sound right?</p>	<p style="text-align: right;">Page 268</p> <p>1 Prince and Patena. 2 Q. The presentation you gave, was it a 3 condensed version of Exhibit 8? 4 A. Yeah. 5 Q. I assume, by the way, the exhibit, 6 when you give this presentation, it's not -- 7 it's redacted, or is it? 8 A. There's redactions. 9 Q. When you give it? 10 A. When I give it, yeah. Well, I mean, 11 there's certain redactions. There's one -- 12 there's a couple slides that we don't include in 13 the PowerPoint, but as far as faces and, you 14 know, the brutal honesty of what a heroin death 15 looks like, that's not redacted. There's a 16 warning, you know, before I present it that 17 there's going to be some bad stuff here, but 18 that's what we live in every day. 19 Q. Understood. 20 And did you understand that the 21 purpose of this training was to help law 22 enforcement better do their jobs? 23 A. You know, I was asked to give a 24 quick hour presentation on kind of the layout of 25 what we do and how we investigate. You know, I</p>
<p style="text-align: right;">Page 267</p> <p>1 A. That sounds right. 2 Q. Do you remember who asked you to 3 give the presentation? 4 A. Detective Prince and Detective 5 Patena. 6 Q. Was that your only involvement with 7 this organization? 8 A. Yeah. 9 Q. You weren't familiar with them 10 before that time period? 11 A. I've seen the acronym, I mean, but I 12 didn't -- I mean, I don't do diversion, so I 13 don't know. 14 Q. Understood. 15 Do you recall giving this 16 presentation? 17 A. Yeah. It was basically just, you 18 know, a condensed version of this PowerPoint 19 that I generally present on, just a quick, 20 one-hour, just an overview of how we prosecute 21 and some tools. 22 Q. Who were you presenting to? 23 A. I was under the assumption it was 24 mostly law enforcement there. I didn't ask who 25 was in the crowd. I was asked by Detective</p>	<p style="text-align: right;">Page 269</p> <p>1 didn't even attend the entire seminar. I came 2 for my one hour and went back home. 3 Q. But was that your understanding of 4 the one-hour presentation you did? 5 A. Yeah. 6 Q. You can put that aside. 7 How long does a typical HIDI 8 investigation last that you would be involved 9 with? 10 MS. DEBROSSE ZIMMERMAN: Object to 11 form. 12 A. You're saying the word "typical." 13 Nothing is typical, I mean, unless -- again, I 14 explained earlier -- you know, he was asking me 15 about investigations. There may be an 16 investigation that, you know, our only portion 17 of that investigation is to respond to the scene 18 and then hope that maybe some information comes 19 in down the line; however, if you're bringing a 20 case to prosecution -- you know, we had a case 21 that took over a year to prosecute. I mean, so 22 there's absolutely nothing typical at all about 23 what we do. You can't put any type of average 24 on it at all. 25 Q. Are there challenges in -- and this</p>

<p style="text-align: right;">Page 270</p> <p>1 applies to your work, generally whether it's the 2 narcotics unit or HIDI in particular. Are there 3 challenges with respect to policing fentanyl and 4 carfentanil that are unique to those drugs? 5 MS. DEBROSSE ZIMMERMAN: Object to 6 form. 7 A. When you say "challenges," what 8 exactly do you mean by "challenges"? 9 Q. Are there obstacles that are present 10 that aren't typically present with respect to 11 other drug investigations? 12 A. That's a hard question to answer 13 because I don't understand where you're going 14 with challenges and obstacles. I will tell you 15 this: One of the challenges or one of the 16 obstacles -- I wouldn't necessarily call it 17 challenges or obstacles -- I'd call it dangers. 18 Every day I go into a room that potentially a 19 white powder could be pumped into my nose that 20 could kill me. So if you want to call that a 21 challenge or an obstacle. I'm dealing with a 22 drug that can get on my skin, go inside and 23 ultimately cause my death, if I don't know it's 24 there. So, I mean, I wouldn't call it a 25 challenge or an obstacle. I would call it a</p>	<p style="text-align: right;">Page 272</p> <p>1 HIDI, do they receive training, you know, 2 related to that work in particular? 3 A. When you say "work in particular," 4 you mean what exactly, work -- the crime scenes? 5 Q. No. All -- related to any aspect of 6 HIDI's work. 7 A. We receive training, yeah. 8 Q. Is it formal training? 9 A. It was through the medical 10 examiner's office. It was through Ohio BCI. 11 But yeah, we received training when we started 12 doing these cases. 13 Q. What's BCI stand for? 14 A. Bureau of Criminal Investigation. 15 Q. And that's training you didn't 16 receive during your time in the narcotics unit? 17 A. No, because there's certain things 18 that we do now that's a little bit different. 19 You know, we're collecting evidence in such a 20 way that we're attempting to obtain DNA evidence 21 off of it, so we have to be trained on proper 22 evidence collection. So that's -- so I've 23 collected properly without contaminating items. 24 Scene investigations, I've also gone to 25 St. Louis for death investigations, to</p>
<p style="text-align: right;">Page 271</p> <p>1 danger of dealing with such a dangerous 2 chemical. 3 Q. Is that a danger that's unique to 4 fentanyl and carfentanil? 5 A. Yes. It's highly potent and highly 6 toxic. 7 Q. What sorts of safety precautions do 8 you take in light of those dangers? 9 A. What don't I? Masks, gloves, 10 glasses, goggles so it doesn't get in my eyes. 11 Whatever I can do to make sure that I go home at 12 the end of the day without having someone 13 shoving Narcan up my nose. 14 Q. And is that generally you put on 15 that protective equipment when you have 16 identified the powder or you respond to every 17 overdose in -- 18 A. We'll assess the scene and see. I 19 mean, put it this way: We chase drug dealers 20 that are selling fentanyl and running instead of 21 dropping their fentanyl or throwing it in our 22 faces trying to kill us. That's how dangerous 23 this drug is. 24 Q. Do you -- relatedly, when you 25 started at HIDI, when other detectives start at</p>	<p style="text-align: right;">Page 273</p> <p>1 understand how to do death investigations. So 2 we receive training before -- you know, in order 3 to accommodate what we do. 4 Q. Which entity was providing the 5 training in St. Louis? 6 A. Which -- I'm sorry? 7 Q. Which entity, organization was 8 providing the training in St. Louis? 9 A. It was through -- it was in 10 St. Louis. I may be wrong. It was through -- 11 but it was through their county medical 12 examiner's office. I'm not sure of the actual 13 county that St. Louis is in. I thought it was 14 St. Louis County. It was their county medical 15 examiner's office. It was a five-day death 16 investigation course through their medical 17 examiner's office. 18 Q. You testified earlier, I believe, 19 that you've been involved in, roughly, five to 20 ten cases in which you've purchased prescription 21 opioids. Do you remember that? 22 A. We're going on that word 23 "prescription" again. I've been -- I don't know 24 if they were legal prescriptions or what. There 25 was five to ten cases where I was purchasing</p>

<p style="text-align: right;">Page 274</p> <p>1 Percocet, OxyContin that were being sold 2 illegally. 3 Q. Understood. 4 Do you remember when the last time 5 was you were involved in one of those purchases? 6 A. I've done a lot of cases in my 7 career. I mean, 2010 maybe, 2011. Buy busted a 8 female selling a lot of pills. 9 Q. So fair to say that during your time 10 at HIDI you haven't been involved in one of 11 those purchases? 12 A. No. We don't have time. I mean, 13 there's -- cases are hard. There's a lot of 14 them. 15 Q. Are there any policies and 16 procedures that you rely on in the course of 17 your work with HIDI? 18 A. That's kind of open-ended, also. 19 When you say "policies and procedures," there is 20 a -- there's a department policy for how an 21 overdose is to be treated and how we're to 22 respond, so we do work under the protocol 23 policies and procedures as outlined by the 24 Division of Police. When you go into 25 investigative techniques, there's not a policy</p>	<p style="text-align: right;">Page 276</p> <p>1 originally started was partnered with the 2 medical examiner's office. So we receive those 3 notifications as -- one of the exhibits was an 4 e-mail. We receive those notifications via the 5 medical examiner's office. Then a policy got 6 implemented on how -- how to have the zone cars 7 notify us prior to the ME's office. It's a 8 twofold system, so that that ideally -- I think 9 there was a reference to whether or not one was 10 an overdose, how do we know. We would rather go 11 to a scene and it not be an overdose than not go 12 to a scene and find out two weeks later with a 13 mom calling me saying, "What are you doing about 14 my son that just died." So a policy was 15 implemented to ensure that we can get to as many 16 as these as we can so that we can take a chance 17 to adequately investigate. 18 Q. And why was that policy not 19 implemented prior to 2013? 20 A. Prior to 2013 we weren't going to 21 every overdose in the city. We weren't going -- 22 we weren't going to the non-fatal overdoses. We 23 were just going to fatalities. So there was a -- 24 there was a policy, but it wasn't a division 25 policy. It was more or less just an agreement,</p>
<p style="text-align: right;">Page 275</p> <p>1 or procedure for that. I mean, that's just each 2 individual detective's take on how they're going 3 to handle that case. 4 Q. The policy that's related to how an 5 overdose needs to be treated, do you know when 6 that was put in place? 7 A. It was revised a few times. I'm not 8 sure of the exact year. I can't commit to an 9 exact year. It would come out and get revised. 10 After we started this, obviously, but I can't -- 11 I don't know the exact year. I mean, shortly 12 after we started doing this. 13 Q. So the policy is specifically 14 designed for the work that HIDI does? 15 A. There's a policy to instruct the 16 uniform officers on how to treat a suspected 17 overdose scene and the protocol in which we 18 should respond. As far as how many of us 19 respond or how we respond, that's internal 20 amongst us, but there's a policy out there on 21 how to treat an overdose and how to make the 22 proper notifications. 23 Q. And just to be clear, that policy 24 was put in place after HIDI started? 25 A. Well, originally -- so the way this</p>	<p style="text-align: right;">Page 277</p> <p>1 whatnot -- use the word that you want -- between 2 the medical examiner's office and us for us to 3 respond. 4 In November of 2014 fentanyl came. 5 Bodies started dropping like crazy. People were 6 dying left and right. People were overdosing 7 daily. I mean, a Friday night we would go to 22 8 overdoses in five hours. That's how bad this 9 was. A particular weekend we would have 12 guys 10 die in two days. So obviously they wanted to 11 have a policy put in place so that the uniform 12 officers know to notify us, that this is -- 13 what's going on in our city is astounding, how 14 many people are dying and nearly dying from this 15 drug. We want to make sure that we get the 16 chance to investigate. So there was a policy. 17 It was just with the ME's office. It's 2014 18 when the wheels fell off. 19 Q. The policy that was in place prior 20 to 2013, was that a written policy or just 21 informal? 22 A. I don't know if it was -- I don't 23 know if it was -- I don't know if there was 24 something -- I mean, we knew what we had to do, 25 we knew that we would get notifications. I'm</p>

<p style="text-align: right;">Page 278</p> <p>1 not sure if the ME's office made some sort of 2 notification of their investigators on what to 3 do, so I don't know. 4 Q. The policy that's in place now that 5 you said it's been revised a few times, it 6 sounds like that's a written policy? 7 A. Yes. 8 Q. Do you know when the last time it 9 was revised? 10 A. I don't. 11 MR. GOLDSTEIN: With that, I think 12 the defense counsel is done questioning for 13 today. We, of course, as we've stated before, 14 reserve our rights to keep the deposition open 15 as well as all other rights related to the 16 document production issues, but thank you for 17 your time today, Detective Moran. 18 THE WITNESS: Thank you. 19 MS. DEBROSSE ZIMMERMAN: We don't 20 have any questions. 21 22 (Deposition concluded at 4:14 p.m.) 23 ----- 24 25</p>	<p style="text-align: right;">Page 280</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3) SS: 4 County of Cuyahoga.) 5 6 I, Renee L. Pellegrino, a Notary Public 7 within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, SCOTT MORAN, was by 10 me first duly sworn to testify the truth, the whole 11 truth and nothing but the truth in the cause 12 aforesaid; that the testimony then given by the 13 above referenced witness was by me reduced to 14 stenotypy in the presence of said witness; 15 afterwards transcribed, and that the foregoing is a 16 true and correct transcription of the testimony so 17 given by the above referenced witness. 18 I do further certify that this 19 deposition was taken at the time and place in the 20 foregoing caption specified and was completed 21 without adjournment. 22 23 24 25</p>
<p style="text-align: right;">Page 279</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness' review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to 7 the applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 281</p> <p>1 I do further certify that I am not a 2 relative, counsel or attorney for either party, 3 or otherwise interested in the event of this 4 action. 5 IN WITNESS WHEREOF, I have hereunto set 6 my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 26th day of December, 2018. 8 9 10 11 12  13 Renee L. Pellegrino, Notary Public 14 within and for the State of Ohio 15 16 My commission expires October 12, 2020. 17 18 19 20 21 22 23 24 25</p>

<p style="text-align: right;">Page 282</p> <p>1 Veritext Legal Solutions 1100 Superior Ave 2 Suite 1820 3 Cleveland, Ohio 44114 4 Phone: 216-523-1313 5 6 December 26, 2018 7 8 To: Diandra Debrosse Zimmermann, Esq. 9 10 Case Name: In Re: National Prescription Opiate Litigation 11 12 Veritext Reference Number: 3170010 13 14 Witness: Scott Moran Deposition Date: 12/20/2018 15 16 Dear Sir/Madam: 17 18 Enclosed please find a deposition transcript. Please have the witness 19 review the transcript and note any changes or corrections on the 20 included errata sheet, indicating the page, line number, change, and 21 the reason for the change. Have the witness' signature notarized and 22 forward the completed page(s) back to us at the Production address 23 shown 24 above, or email to production-midwest@veritext.com. 25 If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived. Sincerely, Production Department NO NOTARY REQUIRED IN CA</p>	<p style="text-align: right;">Page 284</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3170010 5 CASE NAME: In Re: National Prescription Opiate Litigation 6 DATE OF DEPOSITION: 12/20/2018 7 WITNESS' NAME: Scott Moran 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have listed my changes on the attached 12 Errata Sheet, listing page and line numbers as 13 well as the reason(s) for the change(s). 14 I request that these changes be entered 15 as part of the record of my testimony. 16 17 I have executed the Errata Sheet, as well 18 as this Certificate, and request and authorize 19 that both be appended to the transcript of my 20 testimony and be incorporated therein. 21 22 Date _____ Scott Moran 23 24 Sworn to and subscribed before me, a 25 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and Their execution of this Statement is of their free act and deed. I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>
<p style="text-align: right;">Page 283</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3170010 5 CASE NAME: In Re: National Prescription Opiate Litigation 6 DATE OF DEPOSITION: 12/20/2018 7 WITNESS' NAME: Scott Moran 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have made no changes to the testimony 12 as transcribed by the court reporter. 13 14 Date _____ Scott Moran 15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, 17 the referenced witness did personally appear 18 and acknowledge that: 19 They have read the transcript; 20 They signed the foregoing Sworn 21 Statement; and 22 Their execution of this Statement is of 23 their free act and deed. 24 25 I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>	<p style="text-align: right;">Page 285</p> <p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 12/20/2018 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 Date _____ Scott Moran 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20____. 23 _____ 24 Notary Public 25 _____ Commission Expiration Date</p>

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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